Child Deaths in Davidson County, Tennessee 2002



Ninth Annual Report Released March 2004

Child Deaths in Davidson County, Tennessee, 2002

Author: Brook McKelvey, M.A., M.P.H. Maternal and Child Health Epidemiologist Metropolitan Public Health Department

Leaders of the Child Death Review Team

Dr. Stephanie B. C. Bailey, M.D., M.S.H.S.A., Team Chair Director, Metropolitan Public Health Department

Dr. Bruce Levy, M.D., Team Vice-Chair Nashville and Davidson County Medical Examiner State of Tennessee Medical Examiner

Jannie Williams, M.P.A., Team Staff Support Executive Assistant to the Director of Health

Table of Contents

Executive Summary	page 1
Overview of Child Deaths in Davidson County for 2002	page 2
Deaths Due to Natural Causes	page 7
Deaths Due to Natural Causes: Illness or Other Natural Cause	page 9
Deaths Due to Natural Causes: Prematurity	page 10
Deaths Due to Natural Causes: SIDS	page 12
Deaths Due to Unintentional Injury	page 12
Deaths Due to Unintentional Injury: Motor Vehicle Crashes	page 13
Deaths Due to Unintentional Injury: Drowning, Suffocation, Fire and Burns	page 13
Deaths Due to Violence: Homicide and Suicide	page 14
Child Death Review Team Accomplishments for 2002	page 15
Child Death Review Team Recommendations for 2002	page 16
Overview of Child Deaths in Davidson County for 1994 - 2002	page 17
Methods	page 17
Results	page 18
Appendix	
The Child Fatality Review Process	Appendix 1
Child Review Team Data Collection Forms	Appendix 2a - r
Executive Order 005	Appendix 3
Executive Order Number 94-01	Appendix 4
Child Fatality Review and Prevention Act of 1995	Appendix 5
Nashville Child Death Review Team Members	Appendix 6
	page ii

List of Figures

LIST OI	riguies
Figure 1	Number of Deaths by Manner of Death, Davidson County, Tennessee,
Figure 2	2002 <u>page 2</u> Number of Deaths by Manner of Death and Sex, Davidson County,
118410 2	Tennessee, 2002 page 3
Figure 3	Number of Deaths by Manner of Death and Race, Davidson County,
	Tennessee, 2002 <u>page 5</u>
Figure 4	Number of Deaths Due to Natural Causes by Sex, Davidson County,
Figure 5	Tennessee, 2002 <u>page 7</u> Number of Deaths Due to Natural Causes by Race, Davidson County,
rigule 3	Tennessee, 2002 page 9
Figure 6	Leading Causes of Death Due to Illness and Other Natural Causes,
0	Davidson County, Tennessee, 2002 page 10
Figure 7	Number of Deaths to Resident Children Aged 17 Years and Younger,
	Davidson County, Tennessee, 1994 – 2002 page 18
Figure 8	Number of Deaths to Resident Children Aged 17 Years and Younger
	by Manner of Death, Davidson County, Tennessee, 1994 – 2002 page 19
Figure 9	Number of Natural Deaths to Resident Children Aged 17 Years and
	Younger for Selected Causes of Death, Davidson County, Tennessee,
	1994 – 2002 <u>page 20</u>
Figure 10	Number of Deaths Due to Unintentional Injury to Resident Children
	Aged 17 Years and Younger for Selected Causes of Death, Davidson
	County, Tennessee, 1994 – 2002 page 20
List of	Tables
Table 1	Number and Percentage of Deaths by Manner of Death and Age,
	Race, and Sex, Davidson County, Tennessee, 2002 <u>page 4</u>
Table 2	Number and Percentage of Deaths by Manner of Death and Maternal
Table 9	Age, Davidson County, Tennessee, 2002 page 5
Table 3	Number and Percentage of Deaths Due to Natural Causes by Age, Sex, and Race, Davidson County, Tennessee, 2002 page 8
Table 4	Number and Percentage of Deaths Due to Prematurity by Gestational
	Age, Age at Death, Birth Weight, Sex, and Race, Davidson County,
	Tennessee, 2002 page 11
Table 5	Number and Percentage of Deaths Due to Unintentional Injury by
T-1-1-0	Age, Sex, and Race, Davidson County, Tennessee, 2002 page 12
Table 6	Number and Percentage of Deaths Due to Violence by Age, Sex, and Race, Davidson County, Tennessee, 2002 page 14
Table 7	Race, Davidson County, Tennessee, 2002 <u>page 14</u> Total Number of Cases Reviewed by the Child Death Review Team and
Iddic i	the Number of Evoluded Cases Davidson County Tennessee 1994 –

List of Maps

2002

Map 1 Health Planning Districts by 2002 Child Deaths

page 6

<u>page 17</u>

page iii

Executive Summary

The Child Death Review Team (CDRT) in Davidson County is a multi-disciplinary group that works to understand the causes of death of resident children under the age of 18 years. Founded in 1994 by a Mayoral Executive Order, the team is directed to affect system and policy change, thereby preventing future deaths. Members of the team represent a variety of disciplines including public health, law enforcement, medicine, and social service.

In Davidson County during the year 2002, 122 resident children died. The CDRT determined the manner of death to be natural causes for 82.0% (100 deaths) of the cases, and unintentional injuries for 11.5% (14 deaths). Homicide accounted for 3.3% (4 deaths) of the cases reviewed, and suicide accounted for 1.6% (2 deaths). The manner of death could not be determined for 1.6% (2 deaths) of the cases reviewed.

The largest group of child deaths occurred among children less than one year of age (68.9%). Of these, nearly 96.4% (81 deaths) died of natural causes, and 38.1% (32 deaths) survived less than one day after birth. The next largest group of child deaths occurred among children aged 13-17 years (15.6%). Of these, 42.1% died from unintentional injuries.

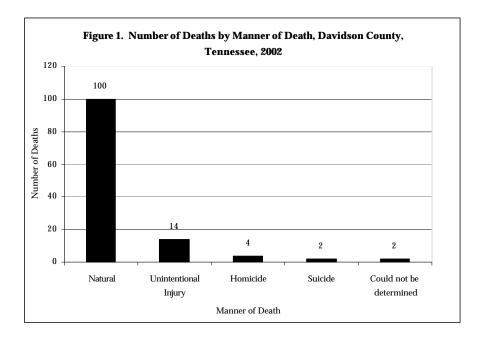
Each year, the CDRT makes recommendations for policy and service changes based on the results of child death investigations in an effort to prevent future childhood mortality. For the year 2002, the CDRT suggests that if a mother has a positive test for illegal substances, the baby must also be tested. Additionally, if the child test positive for illegal substances, the mother must also be tested. If either has a positive test, then both child and mom should be reported to the Department of Children's Services (DCS) for investigation. The CDRT also recommends that a public awareness campaign be instituted that stresses the dangers of in utero exposure to tobacco, alcohol, cocaine, and illegal drug use. In conjunction with this recommendation is the suggestion that a statute be established that requires mandatory reporting to DCS of illegal drug use during pregnancy. In an effort to reduce the number of teenage suicides, the CDRT suggests that a Public Service Announcement be distributed that encourages teens to report suicidal thoughts and behaviors among their peers to an adult or call the crisis hotline. Lastly, the CDRT recognizes the need to improve the accuracy and timeliness of the vital records registry system. As a step towards this goal, the CDRT suggests the system be changed so that death certificates in Tennessee are generated by the certifying physician instead of funeral home directors.

Overview of Child Deaths in Davidson County for 2002

There were a total of 122 fatalities recorded among resident children under the age of 18 in 2002 for Davidson County. The Child Death Review Team (CDRT) conducted a mutli-disciplinary team review of all 122 deaths. This report presents the findings and recommendations of the team.

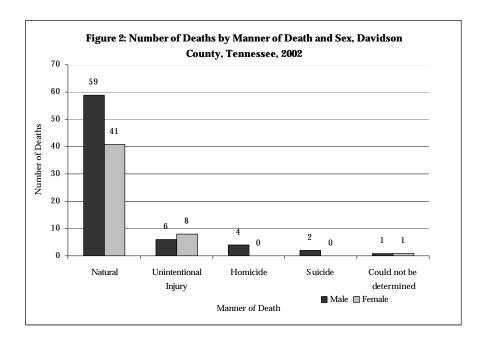
The CDRT judged 24.6% of the birth certificates and 40.2% of the death certificates to be incomplete or inaccurate. Errors and incomplete information in vital statistics data has the potential of hindering the efforts of the CDRT. The types of errors found on birth certificates, for example, include inaccurate prenatal care information, incomplete recording of maternal medical risk factors, and incorrect recording of abnormalities of the child at birth. Death certificate errors tend to be primarily errors of omission. The fields most commonly left blank are manner of death and whether or not an autopsy was performed. Despite incomplete information, however, the CDRT agreed with the manner of death indicated on the death certificate in 85.3% of the cases. The manner of death was not indicated on the death certificate for 11.5% of the cases. In those instances, the manner of death was determined by the CDRT.

The CDRT determined the manner of death to be natural causes for 82.0% (100 deaths) of the cases and unintentional injuries for 11.5% (14 deaths). Homicide accounted for 3.3% (4 deaths) of the cases reviewed, and suicide accounted for 1.6% (2 deaths). The manner of death could not be determined for 1.6% (2 deaths) of the cases reviewed. (See Figure 1)



The largest group of child deaths occurred among children less than one year old (68.9%). Of these, nearly 96.0% died of natural causes, and 38.1% survived less than 24 hours after birth. Those that survived less than 24 hours after birth represent 26.2% of all child deaths in 2002. The next largest group of child deaths occurred among children aged 13 - 17 (15.6%). Of these, 42.1% died from unintentional injuries. (See Table 1 on page 5.)

Demographically, 59.0% of child deaths in Davidson County during 2002 were male. More males than females died of natural causes (59 male deaths, 41 female deaths), homicide (4 male deaths, 0 female deaths), and suicide (2 male deaths, 0 female deaths). More females than males died of unintentional injuries (6 male deaths, 8 female deaths). (See Figure 2)



Over 46% of child deaths were reported as white, 48.4% were reported as black, and 4.9% were reported as other races. Nearly 7% of child deaths were recorded as Hispanic. (Data not shown). The number of black deaths due to natural causes is 8.7% higher than the number of white deaths; however, the number of black deaths due to unintentional injury is 66.7% lower than the number of white deaths. (See Figure 3)

Table 1. Number and Percentage of Deaths by Manner of Death and Age, Race, and Sex, Davidson County, Tennessee, 2002

	To	tal				Age			,	:	Sex	Race			
			Deta	Detail of Cases < 1 year			All Cases								
Manner of Death	N	%	<1 day	1-28 days	29-364 days	< 1 year	1-5 years	6-12 years	13-17 years	Male	Female	White	Black	Other	Unknown
Natural	100	82.0	32	25	24	81	9	4	6	59	41	46	50	4	0
Unintentional Injury	14	11.5	0	0	1	1	4	1	8	6	8	9	3	2	0
Homicide	4	3.3	0	0	0	0	1	0	3	4	0	1	3	0	0
Suicide	2	1.6	0	0	0	0	0	0	2	2	0	1	1	0	0
Undetermined ¹	0	0.0	0	0	0	0	0	0	0	0	0	0	0	0	0
Not Determined ²	2	1.6	0	1	1	2	0	0	0	1	1	0	2	0	0
Total	122	100	32	26	26	84	14	5	19	72	50	57	59	6	0
Percentage*	100		26.2	21.3	21.3	68.9	11.5	4.1	15.6	59.0	41.0	46.7	48.4	4.9	0.0

^{*}Percentage of total deaths

¹Undetermined due to suspicious circumstances

²Could not be determined

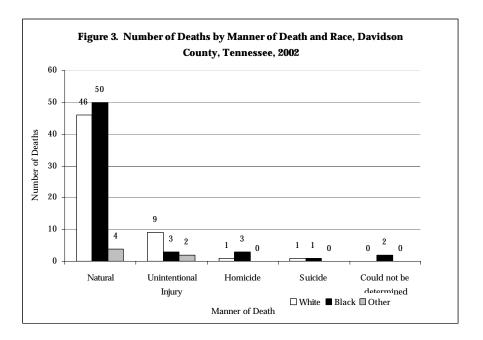


Table 2 depicts the number and percentage of child deaths by manner of death and maternal age at birth. In 2002, over half of all deaths occurred to children born to mothers between the ages of 20 and 29. Of these, 80.3% were due to natural causes. Nearly 25.0% of all deaths occurred in children born to mothers between the ages of 30 and 39. Of the deaths in this age category, nearly 93.0% were due to natural causes. The remaining deaths occurred to children born to mothers aged less than 20 years (27.9%) or 40 years old and older (1.8%).

Table 2. Number and Percentage of Deaths by Manner of Death and Maternal Age, Davidson County,
Tennessee, 2002

	To	otal			Materr	ıal Age		
Manner of Death	N	%	13-14	15-17	18-19	20-29	30-39	40+
Natural	95	85.6	0	6	13	49	25	2
Unintentional Injury	11	9.9	0	0	1	8	2	0
Homicide	1	0.9	0	0	1	0	0	0
Suicide	2	1.8	0	0	0	2	0	0
Undetermined ¹	0	0.0	0	0	0	0	0	0
Not Determined ²	2	1.8	0	0	0	2	0	0
Total ³	111	100	0	6	15	61	27	2
Percentage*	100		0.0	5.4	13.5	55.0	24.3	1.8

*Percentage of total deaths

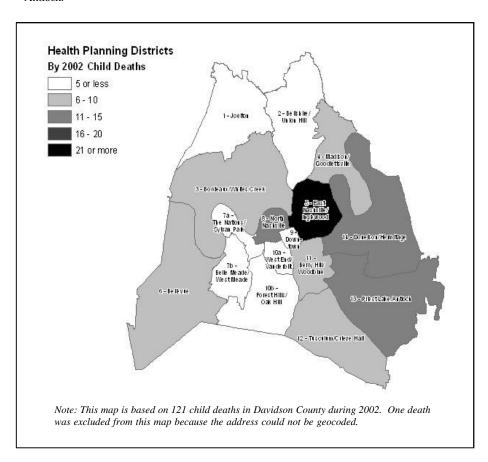
¹Undetermined due to suspicious circumstances

²Could not be determined

³Maternal age was not reported for 11 deaths. These deaths are excluded from this portion of the analysis.

The CDRT evaluates the presence of a history with child protective services, the presence of abuse and neglect, and the presence of a delay in seeking medical treatment with each child death. In some cases, there is enough evidence to raise suspicion but not enough evidence to provide a definitive answer. In those situations, the CDRT marks the case as unknown. In 2002, 13.9% (17 deaths) of cases had prior involvement with child protective services. The CDRT suspected child abuse and neglect in 1.6% (2 cases, 2 unknown) of the child death cases. Both cases of suspected abuse and neglect also had child protective services involvement. Of the 2 unknown abuse and neglect cases, 1 reported having child protective services involvement. Less than 1% (1 case) of cases demonstrated evidence of a delay in seeking medical treatment for the child (2 unknown).

As depicted in the map below, most of the child deaths in Davidson County during 2002 occurred in the 5^{th} planning district of East Nashville/Inglewood with 21 or more deaths. Districts with the next highest ranking (11-15 deaths) are North Nashville, Donelson/Hermitage, and Priest Lake/Antioch.

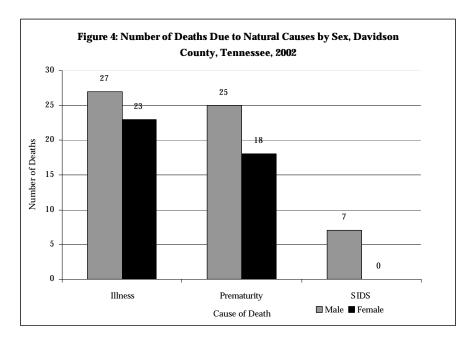


Deaths Due to Natural Causes

In Davidson County during 2002, there were 100 child deaths due to natural causes. These 100 deaths represent 82.0% of all child deaths. Of these deaths due to natural causes, 50.0% resulted from illness or other natural cause, 43.0% resulted from prematurity, and 7.0% were due to Sudden Infant Death Syndrome (SIDS). (See Table 3 on page 9)

The majority of deaths due to natural causes involved infants, with 81.0% occurring among children less than one year of age. Among these infant deaths due to natural causes, 39.5% involved newborns less than one day old, 30.9% involved infants less than one month old, and 29.6% involved infants less than one year old. Beyond one year of age, the age group with the greatest number of deaths was children 1-5 years of age (9.0%).

There were more male deaths due to natural causes (59.0%) than female deaths (41.0%). Male deaths outnumbered female deaths for each specific cause of death as well. The number of male deaths due to illness or other natural cause is 17.3% higher than the number of female deaths. Additionally, the number of male deaths due to prematurity is 38.9% higher than the number of female deaths, and male deaths account for all of the SIDS deaths during 2002. (See Figure 4)



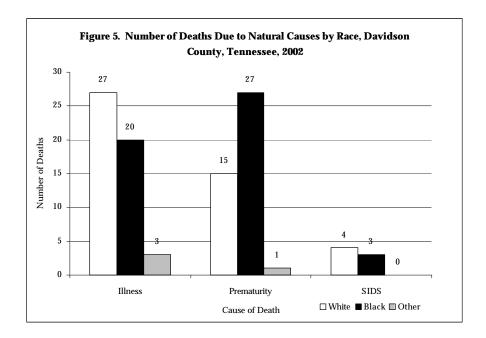
Demographically, 46.0% of natural deaths were reported as white, 50.0% were reported as black, and 4.0% were reported as other races. The number of black deaths due to illness or other natural causes is 25.9% lower than the number of white deaths. However, the number of black deaths due to prematurity is 80% higher than the number of white deaths due to the same cause. (See Figure 5)

Table 3. Number and Percentage of Deaths Due to Natural Causes by Age, Sex, and Race, Davidson County, Tennessee, 2002

Total				Age								Race			
			De	tail of Cases	s < 1 year		Al	l Cases							
Cause of Death	N	%	<1 day	1-28 days	29-364 days	< 1 year	1-5 years	6-12 years	13-17 years	Male	Female	White	Black	Other	Unknown
Illness or Other Natural Cause	50	50.0	6	10	15	31	9	4	6	27	23	27	20	3	0
Prematurity ¹	43	43.0	26	14	3	43	0	0	0	25	18	15	27	1	0
SIDS	7	7.0	0	1	6	7	0	0	0	7	0	4	3	0	0
Total	100	100	32	25	24	81	9	4	6	59	41	46	50	4	0
Percentage*	100		32.0	25.0	24.0	81.0	9.0	4.0	6.0	59.0	41.0	46.0	50.0	4.0	0.0

*Percentage of total deaths

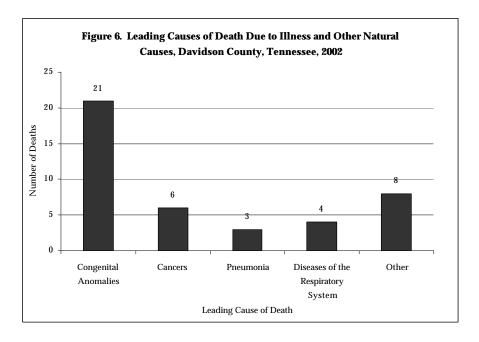
¹For 1 prematurity death, the Review Team decided the manner of death could not be determined. This death is excluded from this part of the analysis.



Deaths Due to Natural Causes: Illness or Other Natural Cause

Fifty children died from illnesses or other natural conditions in Davidson County during the year 2002. These 50 deaths represent 50.0% of all deaths due to natural causes and nearly 41% of all child deaths for the year. The majority (62.0%) of all deaths due to illnesses involved children less than 1 year of age. The percentage of male deaths (54.0%) is only slightly higher than the percentage of female deaths (46.0%), but the number of black deaths is 25.9% lower than the number of white deaths. (See Table 3)

The leading cause of death among deaths due to illnesses and other natural causes is congenital anomalies, accounting for 21 deaths (42.0%). The second leading cause of death is cancer, accounting for 6 deaths (12.0%). The category labeled as other contains deaths of undetermined cause and deaths that do not fit into any other category. As such, it is a remainder grouping and does not count as a true cause of death. (See Figure 6)



Deaths Due to Natural Causes: Prematurity

Forty-three infants died from complications due to prematurity in Davidson County during the year 2002. These 43 deaths represent 43.0% of all deaths due to natural causes and 35.2% of all deaths of children in 2002.

Examining prematurity deaths by gestational age reveals that 16 deaths (40.0%) were 22 weeks or less gestational age, 24 (60.0%) were between 23 and 37 weeks gestational age, and the gestational age was not reported for three cases.

Among the deaths due to prematurity born at 22 weeks or less, 87.5% died within 24 hours of birth, and the remainder died within the first 28 days of life. Additionally, 11 (68.8%) of these very premature births weighed less than 500 grams, and 4 (25%) premature births weighed between 500 and 1,499 grams. The birthweight was not recorded for one of these deaths.

Among the deaths due to prematurity born at 23 to 37 weeks gestational age, 1 (4.2%) died within 24 hours of birth, 12 (50.0%) died within the first 28 days of life, and 3 (12.5%) died between 29 and 364 days of life. Additionally, 1 (4.2%) premature birth weighed less than 500 grams, 21 (87.5%) weighed between 500 and 1,499 grams, and 2 (8.3%) weighed between 1,500 and 2,499 grams. (See Table 4 on page 12.)

Table 4 Number and Percentage of Deaths Due to Prematurity³ by Gestational Age, Age at Death, Birth Weight, Sex, and Race, Davidson County, Tennessee, 2002

	To	otal		Age			Birth	weight in g	rams		S	ex		R	ace	
Gestational Age	N	%	<1 day	1-28 days	29-364 days	< 500	500-1499	1500-2499	2500+	Unknown	Male	Female	White	Black	Other	Unknown
22 weeks or less	16	40.0	14	2	0	11	4	0	0	1	5	11	6	10	0	0
23 - 37 weeks	24	60.0	9	12	3	1	21	2	0	0	18	6	9	14	1	0
Total ¹	40	100	23	14	3	12	25	2	0	1	23	17	15	24	1	0
Percentage ²	100		57.5	35.0	7.5	30.0	62.5	5.0	0.0	2.5	57.5	42.5	37.5	60.0	2.5	0.0

¹Gestational age was not reported on 3 deaths. On 1 additional death, the manner of death could not be determined. These deaths were excluded from this part of the analysis.

²Percentage of total deaths

There are disparities in deaths due to prematurity for both sex and race. The percentage of prematurity deaths for males (57.5%) is higher than the percentage of deaths for females (42.5%). Similarly, the number of black deaths due to prematurity is 80.0% higher than the number of deaths for whites.

Deaths Due to Natural Causes: SIDS

Seven children died as a result of SIDS in Davidson County during the year 2002. These 7 deaths represent 7.0% of all deaths due to natural causes and 5.7% of all child deaths.

Sleeping position was not reported for 1 of the 7 deaths. Among those whose sleeping position was reported, 5 were put to sleep on their back, and 1 was face down on its stomach. Additionally, the presence of smoking in the house was not reported for 3 of the 7 deaths. Of the remaining 4 deaths for which information is available, 3 reported having a smoker in the household.

Deaths Due to Unintentional Injuries

Fourteen children died due to unintentional injuries in Davidson County during 2002. These 14 deaths represent 11.5% of all childhood deaths. The majority of these deaths resulted from vehicular incidents (71.4%). The next most common cause of unintentional injury death is suffocation (14.3%), followed by drowning and fire-related deaths (7.1% each). (See Table 5)

Table 5. Number and Percentage of Deaths Due to Unintentional Injury by Age, Sex, and Race, Davidson County, Tennessee, 2002

	To	otal		Age				Sex		Race	
Cause of Death	N	%	< 1 year	1-5 years	6-12 years	13-17 years	Male	Female	White	Black	Other
Vehicular	10	71.4	0	2	1	7	5	5	7	1	2
Firearm	0	0.0	0	0	0	0	0	0	0	0	0
Drowning	1	7.1	0	0	0	1	0	1	1	0	0
Suffocation	2	14.3	1	1	0	0	1	1	1	1	0
Fire/Burn	1	7.1	0	1	0	0	0	1	0	1	0
Poisoning	0	0.0	0	0	0	0	0	0	0	0	0
Total	14	100	1	4	1	8	6	8	9	3	2
Percentage*	100		7.1	28.6	7.1	57.1	42.9	57.1	64.3	21.4	14.3

^{*}Percentage of total deaths

Demographically, the greatest number of deaths due to unintentional injury occurred among children aged 13 to 17 years (8 cases). The next highest number of deaths occurred among children aged 1 to 5 years (4 cases). Deaths among males (6 cases) are only slightly lower than the number of deaths among females (8 cases). Whites comprise the majority of injury related deaths (64.3%), with blacks comprising the second highest group of fatalities (21.4%). (See Table 5).

Deaths Due to Unintentional Injury: Motor Vehicle Crashes

Ten children died in motor vehicle crashes in Davidson County during the year 2002. These 10 deaths represent 71.4% of all deaths due to unintentional injuries and 8.2% of all child deaths. The numbers of deaths for males and females are equivalent (5 deaths each). Whites represent the majority of all vehicular deaths (70.0%). Blacks represent 10% of vehicular deaths and children of other races comprise 20%. (See Table 5)

With regards to age, 70% of vehicular deaths occurred to children aged 13 to 17 years. The next highest number of deaths occurred to children aged 1 to 5 years (20%), followed by children aged 6 to 12 years (10%). There were no vehicular deaths in 2002 to children less than one year of age.

The fatally injured child was the driver in 3 of the incidents, the passenger in 3 of the incidents, and a pedestrian in 3 incidents. The position of the victim is unknown for one incident. Regarding safety belt usage, 4 incidents report a safety belt in the vehicle, but not being used, and no case records proper safety belt usage. The details regarding safety belt usage are unknown for 2 incidents and not applicable for the 3 pedestrian deaths. Information regarding child safety seat usage is available for 1 death, and that case reported not having a child safety seat in the vehicle.

Examining the circumstances surrounding the motor vehicle crashes reveals that speed was indicated in 1 case, the driver was impaired in 1 case, and other violations were indicated in 2 deaths. Information regarding road conditions is unknown in 2 deaths. However, normal road conditions were reported for all other cases (8 cases).

Deaths Due to Unintentional Injury: Drowning, Suffocation, Fire and Burns

During 2002 there were no unintentional deaths due to a firearm, 1 death due to drowning, 2 deaths due to suffocation, and 1 death due to fire and burns. Together these 4 deaths represent approximately 28% of all deaths due to unintentional injuries and 3.3% of all child deaths in 2002.

The single drowning death occurred in a bathtub, the result of the child having a seizure. Overlying, or an individual rolling over or lying on top of the child, was the cause of 1 unintentional death due to suffocation. The other suffocation death resulted from the child being placed on a soft-sleeping surface and surrounded by pillows. The single death due to fire and burns was the result of an unattended child playing with a candle. This child died of smoke inhalation. It is unknown if this location had an operational smoke detector present.

Deaths Due to Violence: Homicide and Suicide

Violence-related deaths are those determined to be either suicides or homicides. There was a total of 6 violence-related deaths in Davidson County during the year 2002 - 4 (66.7%) homicides and 2 suicides. Together, violence-related deaths comprise 4.9% of all childhood deaths. All of these deaths were male. Blacks comprised 66.7% of violence-related deaths, and whites comprised 33.3%. There were no violent deaths reported for other races. (See Table 6.)

All 6 violence-related deaths were due to firearms. One homicide was committed with a shotgun, and the remaining firearm deaths involved the use of handguns. In both cases of suicide, the home was the source of the firearm. Among homicides, the home was the source of the firearm in 1 case. In the remaining 3 cases, the source of the firearm is unknown.

Table 6: Number and Percentage of Deaths Due to Violence by Age, Sex, and Race, Davidson County,

		To	otal		A _l All (_		:	Sex		Race	
Manner of Death	Cause of Death	N	%	< 1 year	1-5 years	6-12 years	13-17 years	Male	Female	White	Black	Other
Homicide	Fire/Burn	0	0.0	0	0	0	0	0	0	0	0	0
	Firearm	4	66.7	0	1	0	3	4	0	1	3	0
	Inflicted Injury	0	0.0	0	0	0	0	0	0	0	0	0
	Suffocation	0	0.0	0	0	0	1	0	0	0	0	0
Suicide	Suffocation	0	0.0	0	0	0	0	0	0	0	0	0
	Vehicular	0	0.0	0	0	0	0	0	0	0	0	0
	Firearm	2	33.3	0	0	0	2	2	0	1	1	0
	Total	6	100	0	1	0	6	6	0	2	4	0
	Percentage ¹	100		0.0	16.7	0.0	100.0	100.0	0.0	33.3	66.7	0.0

Child Death Review Team Accomplishments for 2002

- The Team reviewed 122 cases during 2002.
- Dr. Kimberlee Wyche-Etheridge, Director of the Health Department's Division of Child and Adolescent Health, secured monies for Project Blossom* to start the Baskets for Babies Program. The monies provided materials for community members to make baby bassinets for low-income families who do not have a safe place for a newborn to sleep. The cost of each bassinet is less than \$20.
- It is hoped that this program will help prevent overlying deaths of infants. Forty-two baskets are ready for distribution. Additional parental education will occur as baskets are distributed. Parents will be instructed to place infants on their backs in accordance with the national Back To Sleep campaign. Dr. Wyche-Etheridge is serving as the lead for this program, and she is providing technical support to other communities planning similar projects.
- The Child and Adolescent Health Division in conjunction with the Medical Examiner's Office devised a system to provide timely grief counseling services to families experiencing the death of a child from SIDS.

*Project Blossom is a coalition working to improve infant health outcomes in Davidson County.

Child Death Review Team Recommendations for 2002

- If a mother tests positive for illegal substances, the child must also be tested.

 Additionally, if the child tests positive for illegal substances, the mother must also be tested. Also, if either tests positive, both mother and child should be reported to the Department of Children's Services (DCS) for investigation and follow-up.
- In order to reduce suicides in Tennessee, Public Service Announcements (PSAs) should be produced and widely disseminated. These PSAs should encourage teenagers to report any suicidal behavior or speech among their peers to an adult or call the crisis hotline.
- For all unexplained child deaths, the mother's name, social security number, and date of birth should be reported to the Child Death Review Team at a minimum. Ideally, information should be reported on other household members and/or adult caretakers. This will allow Team members to bring all pertinent information to the meeting, including information on other siblings.
- The vital records system in Tennessee should be changed so that death certificates are generated by the certifying physician and not the funeral home director. Such a change would improve the timeliness and accuracy of reporting.
- A public awareness campaign should be conducted that stresses the dangers of in utero exposure to tobacco, alcohol, cocaine, and other illegal drugs that may endanger the health of the baby.
- A statute should be established that makes it mandatory to report history of illegal drug use during pregnancy to the Department of Children's Services.

Overview of Child Deaths in Davidson County for 1994 - 2002

The Child Death Review Team in Davidson County has been actively reviewing cases since 1994. In an effort to determine trends in child death, all the data previously collected was reexamined and reevaluated.

Methods

Since the state reporting form that guides the review process has changed through time (see Appendix), a retrospective review of each case was performed. Where applicable, categories were updated to conform to the most recent collection form in order to allow for comparability through time. For example, in 1994, premature deaths were categorized as illness or other natural cause deaths. During the review process, deaths that clearly resulted from prematurity were marked as such to allow for a more accurate measurement of the number of prematurity deaths through time

Consistency was also applied to the racial designation assigned to the child. Race is typically recorded as the race of the child listed on the death certificate. If no race was listed, then the race assigned to the child was the race of the mother as listed on the birth certificate. Additionally, Hispanic status of the child is rarely recorded correctly on the death certificate. When questions arose regarding this variable, the same principle was applied. The child was designated as Hispanic if either the mother or the father were reported as Hispanic on the birth certificate.

Each address in the database was compared to information provided by the U.S. Census Bureau. If the address indicated residence outside of Davidson County, that death was excluded from this analysis. Additionally, duplicate records were also excluded. For these two reasons, the numbers presented here may differ from those in previous reports. Table 7 depicts the number of deaths excluded due to residence for each year.

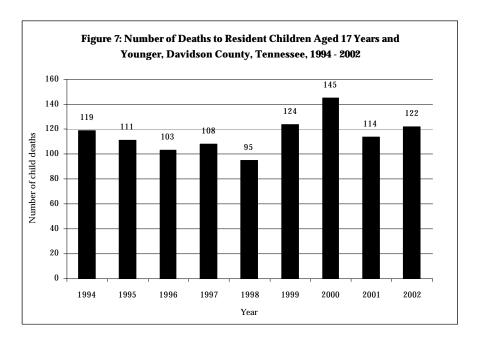
Table 7: Total Number of Cases Reviewed by the Child Death Review Team and the Number of Excluded Cases, Davidson County, Tennessee, 1994 - 2002

Year	Number of Cases	Number excluded	Total Cases
1994	129	10	119
1995	116	5	111
1996	105	2	103
1997	109	1	108
1998	95	0	95
1999	125	1	124
2000	145	0	145
2001	114	0	114
2002	123	1	122

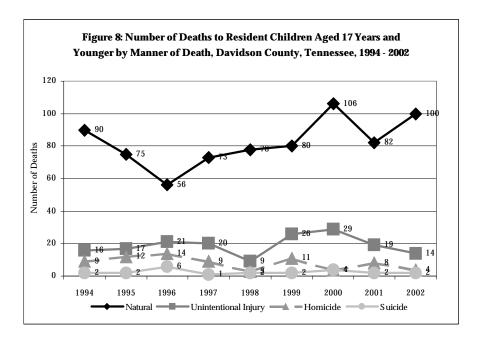
Results

Figure 7 shows the number of resident child deaths the team reviewed each year. There appears to be no steady trend, and the number of deaths in 2002 is only 2.5% higher than the number of deaths in 1994.

In 1994, the team reviewed a total of 119 deaths. This number steadily decreased to a low of 95 in 1998. From 1999 onward, the numbers of deaths have always been higher than 110, but show no discernable pattern. The greatest number of cases the team has reviewed is 145 in the year 2000. From 2001 and 2002, there appears to be the beginnings of an increasing trend, but based on previous years, it is unknown if this apparent trend is steady.



Examining the number of cases by manner of death, it is clear that by far the greatest number of child deaths in Davidson County occur from natural causes. (See Figure 8) This has been true from the time the Review Team was established until the most recent review year of 2002. The second leading manner of death is unintentional injuries, followed by homicide and suicide. Homicides and suicides consistently account for only a small number of child deaths.



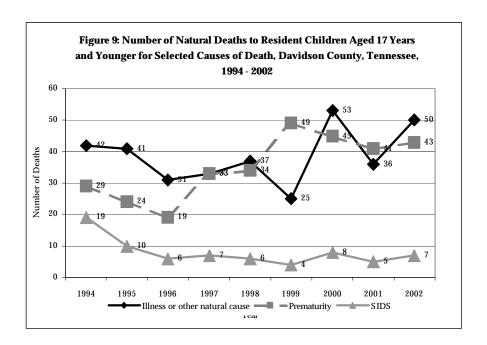
There has been an 11.1% increase in the number of deaths due to natural causes from 1994 to 2002. There appears to be the beginning of an increasing trend from 2001 to 2002; however, the trend line is not stable, and it is unknown if this is a true trend.

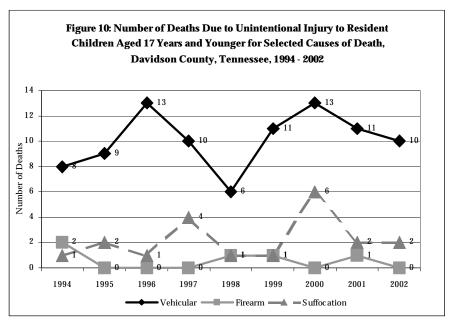
The trend line for unintentional injuries appears to be more stable through time than the trend for natural deaths. It shows a decrease in unintentional injuries from 2000 to 2002. Additionally, the number of deaths due to unintentional injury in 2002 is 12.5% lower than the number first reviewed in 1994.

The leading causes of natural death in Davidson County to children aged 17 and younger are illnesses, prematurity, and SIDS. (See Figure 9) The number of deaths due to illnesses and other natural causes has increased 19% since 1994. Although the increase is not steady, the numbers of deaths due to this cause is generally increasing. The increase in number of deaths due to illness or other natural cause is overshadowed, however, by the increase of deaths due to prematurity. Since 1994, there has been a 48% increase in the number of children who died due to prematurity. From the year 2000, the number of deaths due to prematurity seems to have reached a plateau of 40 to 45 deaths per year. It is unknown if this represents a steady trend.

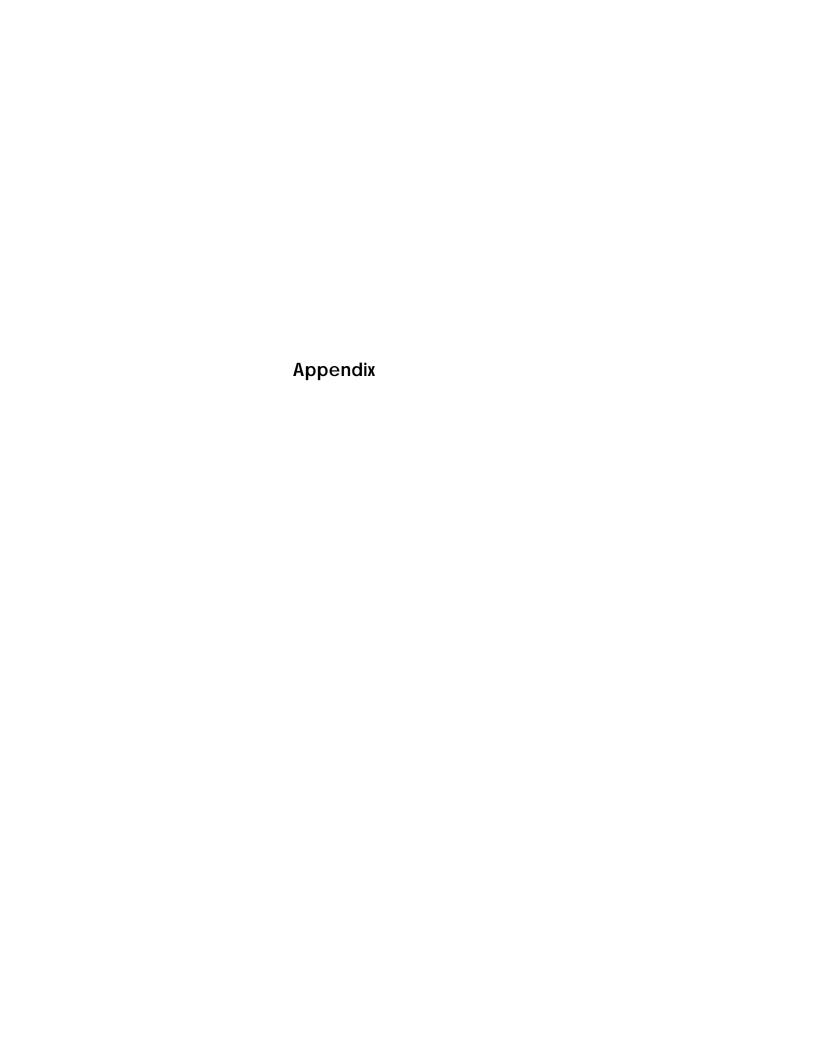
SIDS deaths have decreased over time from 19 deaths in 1994 to 7 deaths in 2002. This represents a 63% decrease. Additionally, the number of deaths due to this cause has remained fairly stable since 1996, ranging from a low of 4 deaths in 1999 to a high of 8 deaths in 2000.

In contrast to deaths due to natural causes, there is only one leading cause of fatalities due to unintentional injury. There are consistently higher numbers of vehicular deaths than any other cause of unintentional injury, including deaths due to firearms and suffocation. (See Figure 10) Although no discernable trend can be detected for this data, the number of vehicular deaths has increased since 1994 by 25%.





The second leading cause of death in this category is deaths related to firearms. Again, there is great variability in the number of deaths for each year. No discernable trend can be detected; however, the number of firearm deaths is considerably lower than the number of vehicular deaths for each year.



The Child Fatality Review Process

When a child dies:

- The birth and death certificate is sent from the Metropolitan Public Health Department (MPHD) Vital Statistics staff to the Child Death Review Team data coordinator.
- Copies of the birth and death records are sent to the Team members.
 Available records are requested from programs within the MPHD (HUG, Healthy Start, WIC, etc.).
- All team members search their agency/hospital files and bring either the records or case summaries to team meetings.
- The team meets once a month. At these meetings, each case is reviewed and the paperwork is completed.
- The data coordinator enters the data into a database and sends the completed data forms to the State Fatality Review Program.

An annual report is produced. The purpose of the report is to disseminate findings and assist in the development of data-driven recommendations for the prevention of child deaths.

Appendix 1

CORT NO.: CHILD NAME: LAST FIRST MIDDLE DOD: MO DA YE DOB: MO DA YE AGE: YE MO DE RACE: WHITE HISPANIC ASIAN REGIDENCE SEX: MALE FEMA REGIDENCE: MAN WED FOLL THE THU SAT SUN FINE: AM COUNTY OF RESIDENCE: ACTIVER'S NAME: LAST SUN FINE: AM COUNTY OF RESIDENCE: TOP THU SAT SUN FINE: AM COUNTY OF RESIDENCE: ANDRESS: TREET MIDDLE DOB: MO DA ADDRESS: TREET CITY NAME OF DEATH EV MS HOMICIDE SUICIDE ACCIDENCE THAT STRATED NO DE NOT, TO MANT MANNER OF DEATH DU NODRY AGRES? HOMODE ACCIDENCE (NOT TRETTE) TREET NAME IN LINKNOWN SUICIDE LINCHISTMES OF DEATH DU NODRY AGRES? HOMODE ACCIDENCE OF DEATH ON NOTIFIC NAME OF SUNCIDE LINKNOWN SUICIDE LINCHISTMES OF THE DEATH (CHECK ALL THAT APPLY) CONNETS BOCK): SUBDRIVER OF ACCIDENCY FOR SUMMER OF DEATH (CHECK ALL THAT APPLY) CONNETS BOCK): DOWNSON OF THE BUTTLESS OF THE DEATH (CHECK ALL THAT APPLY) CONNETS BOCK): THE SUBDRIVER OF THE DEATH (CHECK ALL THAT APPLY) CONNETS BOCK): THE SUBDRIVER OF THE DEATH (CHECK ALL THAT APPLY) CONNETS BOCK): THE SUBDRIVER OF THE DEATH (CHECK ALL THAT APPLY) CONNETS BOCK): THE SUBDRIVER OF THE DEATH (CHECK ALL THAT APPLY) CONNETS BOCK): THE SUBDRIVER OF THE DEATH (CHECK ALL THAT APPLY) CONNETS BOCK): THE SUBDRIVER OF THE DEATH (CHECK ALL THAT APPLY) CONNETS BOCK): THE SUBDRIVER OF THE DEATH (CHECK ALL THAT APPLY) CONNETS BOCK): THE SUBDRIVER OF THE DEATH (CHECK ALL THAT APPLY) CONNETS BOCK): THE SUBDRIVER OF THE DEATH (CHECK ALL THAT APPLY) CONNETS BOCK): THE SUBDRIVER OF THE DEATH (CHECK ALL THAT APPLY) CONNETS BOCK): THE SUBDRIVER OF THE DEATH (CHECK ALL THAT APPLY) CONNETS BOCK): THE SUBDRIVER OF THE DEATH (CHECK ALL THAT APPLY) CONNETS BOCK ALL THAT APPLY CONNETS BOCK): THE SUBDRIVER OF THE DEATH (CHECK ALL THAT APPLY) CONNETS BOCK ALL THAT APPLY CONNETS BOCK ALL THAT	FINO WAS THE PROBLEM WITH Autopsy Death scene investigation Polece following Child Patrictives Scenario Hospital review Interagency cooperation Chief PLACE OF DEATH Hospital Independence Institutional seming Body of water In transcription Child care.
FYES LOCATION ME Mospel Other	_ Oshei
SEVIEW TEAM COMMENTS/RECOMMENDATIONS:	

	NASHVILLE CHILD BEATH REVIEW TEAM. THITTAL REVIEW FORM	- 5	PAGE 2
	EDBATH *	Tachermony Co.	no tento e di cella con
Complete blocks 1 - 14, as applicable, to indice person inflicting the injury.	ste cause of death. If the death was due to initial	cted injury, also complet	e block 15 to describe
1 SUDDEN, UNEXPLAINED DEATH, AGE <1	C 6 FIREBAN (Il Intilated Injury, complete this black and black (5)	11 FIRE/BURN (Non-an 1. If ean-fire burn, its source) s. () Hat water etc.	e Appliance
# D (in stomach, table down 5. D (in stomach, face to side c. D (in back d. D Ch side e. D (investment)	Parson handling the freeze wist* Direction Direction Direction Direction Direction	6. C Other:	e. O Noi especialite
2 LACK OF ADDDUATE CARE 1. Appears but all care 2. If Malanishor or defind. 3. If Malanishor or defind. 4. If Define medical care 5. If Instrument of the Propolal birth 5. Instrument of the Propolal birth 6. Instrument of the Propolal birth 7. Instrument of the Propolal birth 8. Instrument of the Propolal birth 9. If University	2. The five arm involved for a If through the If Ribe c If through the If Ribe c If through the If Ribe c If through the If the	Overhilder explosion Cooking appliance use Ostring appliance use Ostring Ostring Ostring Ostring Ostring	f. O Spota Master b. O September J. O Sectional wire w. O Not Applicable
3 ELHESS OR OTHER NATURAL CAUSE Apparent liferation of other completel? I Construction of the completel?	Cleaning	Smoke plane present at fire a D Yes	tore? No c. □ (Jahranes)
s. C Univers	S CHOUMBINDS UNKNOWN T SUFFOCATION/STRANGULATION (IV Inthesed	16. Was the fire started by a nero	me?
4 DODWHIMS (If infinited linjury, complete the friest and block 15) Place of sourcept	S VIP-DCA TOWNS INSTANDABLES TOWN BY STREET SIGNATURE OF SIGNATURE O	a. □ Yes b. □ C. If stands by a participal p	age?
S VEHICULAR (II inflicted onjury, complete this block and block (5) 1. Pasion of decident 2. G (viet b Pecesinian b Other a Growner c Other a	I. In your occurred in lead, or to, or other shreping arrangement is. In the second, due to it. If it is because, due to? If it is because, due to? If it is because, due to? If it is because design of cribitors If it is befault in the second case of the	complete Mile Mick and Mile 1. Describe disconstances a. Cestriptor b. Unknows 2. Gapanetances (Invinces)	
Treat inherish	c. Protention on soft desping surface (eg., materiale) 6. Gahr. 6. Uthrison 5. Das to carbon monassire shiddless 6. I say Gahrison 6. Tes Gahrison Ga	□ 13 CONFINEMENT (III) Block and block 15) 1. Flace or continement a. □ Refrigerunateophance b. □ Cheet box, footiscree d. □ Room or building	illefed legary, complete the
Common et read* 1. Normal 6. Loose gravel 2. We 0. los or trope	Shis block and block (5) Cause of electrocolon? a. □ Water revised b. □ Electrical vice	7. O Crownsones Universe 14 TYPE OF INPLICTED	7,7,072.1
Other Other Good Management Other Delivers sent Other Delivers sent Other Delivers sent Other Delivers Sent Other Delivers Other Del	c. Electrical solvier d. Electrical applicance e. Electrical total f. Other e. Debrown h. Not Applicable f. Silenoccal incurse detective f. Tee f. No c. Unknown f. Cloudestances Unknown	Type of inflicted injury	b. Street c, Three c. (Louises
e. (I-hingen e. Mo Application f. Mo Application f. Vencia in wice docaseen with occurrent a. Operation string indistation f. Sometimental stress endeated f. Accordance f. Accordan	□ 9 FALL IMJURY (If Invitored Injury, complete this black and block (if) 1. Sal was than 1 a. □ Open evicate c. □ A natural devention	Officer object (eg., harm Officer or coner succ Officer Officer Officer	er, Bar) cance a. ☐ Fire-area g. ☐ Constants
c. Other vocatesh to observed: Index paper on a venicle State Sulpe Other vacatesh to Augus Other vacatesh to Au	6 Stein, steep to body select 6 Stein, steep public 7 Other Seep public 8 Other See Seep public 9 Other See Seep public 9 Other See Seep public 9 Other Seep public	15 PERSON INFLICTIVE 1, filtro in floored the insury 1, ill Septimetries 1, ill Septimetries 2, Age of general inflicting ream 2, ill Male 1, ill Male 1, ill A Race of general inflicting ream 2, ill Male 1, ill A Race of general inflicting ream 3, ill Male 1, ill A Race of general inflicting ream 4, ill Male 1, ill A Race of general inflicting ream 5, ill Male 1, ill A Race of general inflicting ream 6, ill Male 1, ill A Race of general inflicting ream 7, ill Male 1, ill A Race of general inflicting ream 8, ill Male 1, ill A Race of general inflicting ream 9, ill Male 1, ill Male	6 Parel 6 Other
Spress revenues indicated in the first seem	C Unknown c. C Mor suplicable C Chromosynous Unknown	Rice of person inflicted way Rice white If I is OTHER CAUSE NOT ATRONOGOUS WAY CAUSE NOT	LISTED ARROYS
# C Superior of vehicle # C Superior 1 C Copy machine to their	☐ 10 POISONING/OVERDOSE //F Intilicited Injury, composer this block and block 18) 1. Name or coup or tremost?	П и пикион с пре	
+ O 00w	e. C Name:	ILL 17. UNKNOWN CAUSE IF CRUSTOPED SHEDWING TO THE	

This form is confidential	TENNESSEE DEPART TO FIRALTII CHILD DEATH RESERVE TEAM INITIAL REVIEW FORM	The information on this form was enter the dat system on by
Judicial District No.:	Child Death Year/No.: 19951	(Check all that apply, complete on back)
Child's Name		
Date of Death:	Zip code	Sudden, unexplained death, Age-1
Place Of Birth:	s Number No Prenatal Care Note of Gestation (weeks) etal Drug Syndrome tes per day: per week:	Prior Child Protective Services Involvement?
Place of Death	•	Interagency Cooperation CPS Follow-up Other: Does this death appear intentional? Yes No Unknown Based on available information, was this death preventable? Yes No Unknown
Is the Death Certificate adequate/complete? Yes Was Autopsy Performed? Yes If Yes, Location: Medical Examiner Review Team Comments/Recommendations	No Unknown Hospital: Other:	Did CDRT agree with monner of death? Yes No If Not, to what manner of death did CDRT agree? Homicide Accidental Nutural Suicide Could not be determined Undetermined due to suspicious circumatances
		Recommend For Additional Review? Yes No Which Reports/Records are requested for full review? Law Enforcement School DBS Med Exam Autopsy Hospital Autopsy Court DA Report Health Dept.

Continued (Normal) Continu	c. complains than block and block 153 the Streams was? b. Other spence c. Other spence c. Not Applicable front is? b. Rulk d. Other continues to the local spence continues to	I FINEDISTRON (New-Version I FINEDISTRON (New-Version I I I I I I I I I	Applicate Solution Applicate Not Applicate La Cigarette Space bester Solution Solution Exclusion Solution Exclusion Solution Solution Solution Solution Solution Solution Solution Solution Solution Solution Solution Solution Solution Solution Solution Solution Solution Solution Solution Solution Solution Solution Solution Solution Solution Solution Solution Solution Solution Solution Solu
Pinton of Indiant of Indiances	the direases was? Cherr genion	a. Hot water, etc. a. Other. d. Usknown. 2. Migustorities its source? a. Overstown state source? b. Cooking applicance as c. Machine c. Lighter b. Flowesto. b. Other. l. Usknown. 5. Smisks alaren present at fire. a. Other. b. Other. d. Usknown. 5. Smisks alaren present at fire. a. Yes b. No. 4. Histom present at fire. b. Other. b. Other. c. Marken present at fire. a. Yes b. No. 4. Histom present at fire. b. Other. b. Other. c. This water of the source. c. History of the source. b. Other. b. Other. c. History of the source. c. History of the source. c. Trailer c. Other. c. Trailer c. Other. c. Trailer c. Other. c. Oth	e Not Applicable ed as heat source d L2 Cigarette f Space h Exploration m Not Applicable source d Unknown d Not Applicable source t Unknown complete complete h Not Applicable source h Not Applicable source t Other complete h Smokking d Other h Other h Other h Other complete h Other
Do name Double	b. Other genome b. Not Applicable coding firearms b. Rafle d. Other f. Not Applicable oding firearms in Lekenown stame of legary? other person c. Target shooting b. Busting c. Housing c. Housing c. Not Applicable leas Uniconen c. Not Applicable cost Uniconen c.	2. Migustaverifer its accuracy 1 2. Migustaverifer its accuracy explanator 3. Containg applicance as 2. Lighter 3. Permette 4. Lighter 5. Other 1. Unicovery 3. Sends altera present at first 4. Other 4. Indusory 5. Sends altera present def its send of the sen	e Not Applicabl ed as has source 4 LA Cognetie 5 Space heasts h Exploration h Exploration h Not Applicabl source 4 Not Applicabl source 5 Not Applicabl resen? c Unknown re regif n h Smoking d Other re regif n h Smoking d Other h Other h Other h Other h
□ On back d □ On side s □ Unknown □ LACK OF ADEQUATE CASK s □ Mainternes of schordside □ Only water stationation □ Only water stationation □ Only water stationation □ Other □ Other □ S □ Unknown □	s. Not Applicable to dist b. Rich d. Other f. Not Applicable soliding firears at solid player solid player color person c. Target shooting e. Housing g. Other i. Not Applicable cos Unknown i. Not Applicable cos Unknown processor IDON'STRANGULATION y, complete that shoot and shock 15y on overbring or rolling over decedent for the rent? on overbring or rolling over decedent of the rent? on overbring or rolling over decedent of the rent? b. Grand object or toy in month or a banks) b. Grand object or toy in month or a banks) b. Grand object or toy in month or a banks) c. Unknown a be, c. Solid object or toy in month or a banks) c. Unknown a be, c. Solid object or toy in month or a banks) a be toy a feeting order bed to simproper use of orth be to solid shopping surface (weterbod) f. No Applicable processor shallation?	2. Migustaverifer its accuracy 1 2. Migustaverifer its accuracy explanator 3. Containg applicance as 2. Lighter 3. Permette 4. Lighter 5. Other 1. Unicovery 3. Sends altera present at first 4. Other 4. Indusory 5. Sends altera present def its send of the sen	ed as best source d Le Cupacite f Space bester h Explorives h Explorives rs Not Applicab of Not Applicab of
□ On back d □ On side s □ Unknown □ LACK OF ADEQUATE CASK s □ Mainternes of schordside □ Only water stationation □ Only water stationation □ Only water stationation □ Other □ Other □ S □ Unknown □	North North North	2. Migustaverifer its accuracy 1 2. Migustaverifer its accuracy explanator 3. Containg applicance as 2. Lighter 3. Permette 4. Lighter 5. Other 1. Unicovery 3. Sends altera present at first 4. Other 4. Indusory 5. Sends altera present def its send of the sen	ed as best source d Le Cupacite f Space bester h Explorives h Explorives rs Not Applicab of Not Applicab of
LACK OF ADEQUATE CARE	b. Rule d. Other f. Not Applicable noting finants is in S. Unknown is time of injury other person f. Target shooting f. Busing f. Other f. Not Applicable cas Unknown f. Not Applicable cas Unknown f. Not Applicable cas Unknown flowNSTRANGULATION flowness is to shoot and black if 5) of the rever? flowNSTRANGULATION flowness is not observed and black if 5) on overlying of rolling over decedent? does previous on overlying or reliang over deby decedent of the rever? f. Unknown in the reverse of the reverse or in the reverse of the reverse of the reverse or in the reverse of the r	a. ○ Overstowe explainer b. ○ Containing explainance and c. ○ Matabes c. ○ Lighter c. ○ Lighter c. ○ Lighter c. ○ Lighter c. ○ Permaner c. ○ Other c. ○ Utricanove c. ○ Was the fire stantant by a perman, banks c. ○ Other c. ○ Was the fire stantant by a perman, banks c. ○ Ver b. ○ Yec c. ○ Ver b. ○ Yec c. ○ Ver b. ○ Yec c. ○ Utricanove c. ○ Utricanove c. ○ Utricanove c. ○ Training c. ○ Consumentation of lost c. ○ Training c. ○ Traini	4 LA Capacita 5 Sapac Beater h Explorativa h Explorativa h Explorativa h Not Applicab source 4 Not Applicab source 5 Not Applicab source 6 Not Applicab source 6 Not Applicab source 6 Ober h Orier Applicab source source h Orier Applicab source source h Orier Applicab source source
Blankmertene or debrotheted	d Other d Other Not Applicable strang firears is Linknown is test of injust? Other person Date Date	b Cooking appliance as c Mathematical c Lighter g Premark l Premark l Premark l Discovery Sensits absent present at fire L Utilization Sensits absent present did it some L Vec No. No. H absent present did it some L Vec Discovery Sensits absent present did it some L Discovery Sensits absent present did it some L Discovery Dis	4 LA Capetter 5 Sapac Beater h Explorative j Electrical was source 4 Not Applical 5 Not Applical 6 Not Applical 7 Calculative 6 Not Applical 8 Not Applical 9 Not Applical 10 Ober 1 Ober 1 Other 1 O
Comment of English State Comment of English	Not Applicable	□ □ Matcher □ □ Ligner □ □ Ligner □ □ France □ □ France □ □ France □ □ Unicover □ □ □ Unicover □ □ □ □ □ □ Unicover □ □ □ □ □ □ □ Unicover □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	4 LA Capetter 5 Sapac Beater h Explorative j Electrical was source 4 Not Applical 5 Not Applical 6 Not Applical 7 Calculative 6 Not Applical 8 Not Applical 9 Not Applical 10 Ober 1 Ober 1 Other 1 O
Comment of English State Comment of English	ording firears is in a Lickmover is time of injury? other person	c. Ligiture g. Primator l. Hervarion b. Other 1. Unknown 3. Smids alexts present at fire a. Ye h. No 4. It alexts present did it some a. Ye 4. Unknown 3. What the fire stands by a pre- b. Unknown 7. If stand by a proce, hashe a. Age	b. Explosives
Comment of Section Comment Com	in b Likewown in the control of the	g Parance Ferrowich Other Unknown Other Unknown Seroles alarm present at fire	b. Explosives
December	as time of injury? other person Target shooting	Finnworks	b. Explosives
Combine of December Combine Co	at times of inginery? other person c Target shooting c Housing g Orber cos Unknown d by december the shoot and shock 15; on overhying or reliang over decedent? the person, on overhying or reliang over d by december d by samp person g dreach was? b Gestal object or toy in more or a bankts)pass to del overson years of more a person, or over the sample a cos	Finnworks	In Nox Applicable North Appl
	other person	b. Other	Normal Normal
3. LIANSANO OR OTHER NATURAL CAUSE. Contents		3. Soroka alarce present at fire a. Yee No. No. 4. If alarm present, did a sone a. Yee No. 4. If alarm present, did a sone a. Yee No. 4. If alarm present, did a sone a. Yee No. 4. N	Normal Normal
BROYNNING Complaints thus block and block 15 Comments Complaints Compl	con Uniformity FIDN/STRANGULATION P. complains the block and block I/S) of the never? or overbring or reliaing ever decodest? ther person, not overbring at reliang over d by decodered of by any person b. Great object or toy in month or is bank(n) passes begin overbring vision is month one stope learning presents on vicini is not stope, one other steeming serveners bout, out, in other steeming serveners bout out, or other steeming serveners but to? May Unknown to the lot of the bed on trapproper use of orth see and steeping surface (vesterbod)	3. Soroka alarce present at fire a. Yee No. No. 4. If alarm present, did a sone a. Yee No. 4. If alarm present, did a sone a. Yee No. 4. If alarm present, did a sone a. Yee No. 4. N	c. Disknever of D. Nor Applicat control of Smokking d. Nor Applicat reactions b. Smokking d. Other b. War Applicat d. Other c. Nor Applicat d. Other d. Oth
BROYNNING Complaints thus block and block 15 Comments Complaints Compl	con Uniformity FIDN/STRANGULATION P. complains the block and block I/S) of the never? or overbring or reliaing ever decodest? ther person, not overbring at reliang over d by decodered of by any person b. Great object or toy in month or is bank(n) passes begin overbring vision is month one stope learning presents on vicini is not stope, one other steeming serveners bout, out, in other steeming serveners bout out, or other steeming serveners but to? May Unknown to the lot of the bed on trapproper use of orth see and steeping surface (vesterbod)	a Yes b No No.	c. Disknever of D. Nor Applicat control of Smokking d. Nor Applicat reactions b. Smokking d. Other b. War Applicat d. Other c. Nor Applicat d. Other d. Oth
S DROYNNING S Concernant S Con	con Uniformity FIDN/STRANGULATION P. complains the block and block I/S) of the never? or overbring or reliaing ever decodest? ther person, not overbring at reliang over d by decodered of by any person b. Great object or toy in month or is bank(n) passes begin overbring vision is month one stope learning presents on vicini is not stope, one other steeming serveners bout, out, in other steeming serveners bout out, or other steeming serveners but to? May Unknown to the lot of the bed on trapproper use of orth see and steeping surface (vesterbod)	4. If alarm present, did it some a. Yes Yes	All b No 4 Not Applical results of the Not Applical results of the Not Applical results of the Not Applical shares of the Not Application of the Not Applic
S DROWNING S Constraint S Co	con Uniformity FIDN/STRANGULATION P. complains the block and block I/S) of the never? or overbring or reliaing ever decodest? ther person, not overbring at reliang over d by decodered of by any person b. Great object or toy in month or is bank(n) passes begin overbring vision is month one stope learning presents on vicini is not stope, one other steeming serveners bout, out, in other steeming serveners bout out, or other steeming serveners but to? May Unknown to the lot of the bed on trapproper use of orth see and steeping surface (vesterbod)	a. Yes b. Yes Yes	b
7 Price of Greening 1 1 1 1 1 1 1 1 1	DON'STRANGULATION 10. complaine stur block and slock if 5) 10. complaine stur block and slock if 5) 10. complaine stur block and slock if 5) 10. complaine sturing over decedes if the person, the demands of missing over 10. by sup person 11. by decedes if the person of the person 12. by decedes if the person 13. by decedes if the person 14. by decedes if the person 15. by decedes if the person 16. by decedes in t	3. Was the fire standed by a per a ve	4 Nos Applical c Taggir c Not Applical c Not Applical d Other f Other C Not Applical d Other C Not Applical dising burnet b. Other C Nos Applical dising burnet b. Nos Applical dising burnet b. Nos Applical dising burnet d Other f Nos Applical dising burnet dising burn
Passe of Ordering Passenge Comment Com	ny, comparise that block and block JS) of the ment? or overbring or relient over decades? The process of the process of overbring or relient over decades? The process of	3. Was the fire standed by a per a ve	memi :
Francisco d'Overlang	ny, comparise that block and block JS) of the ment? or overbring or relient over decades? The process of the process of overbring or relient over decades? The process of	a. Yes b. No 6. If stanted by a person, hashe a. Age	□ Indicative □ Indicative □ Not Applical □ Snooking □ Snooking □ Oher □ Not Applical □ Oher □ Not Applical □ Oher □ Ohe
Commence Commence	of the neveral? of the neveral? of the person, not overlying over discadent? ther person, not overlying or miling over of by discadent of by discadent of by any person £ Unknown ig treach was? b Small object or toy in month or is bank(n) passes begin overlang vision is month/once symple marring present on vicin is not; not, or, is other internal generalment? Mo	6. If manual by a person, hashe a. Age	er age? c. Not Applical c. Not Applical c. Not Applical d. Other f. Not Applical libiting burner! b. Bindu/Store c. Other f. Not Applica er files Not Applica er files Not Applica er files Not Applica
a Bathers d. Switzmang pool s. Canadi y v. Self-selfs d. Canadi y v. Self-self-self-self-self-self-self-self-s	on overbring or relizing ever decedent? descriptions of the person of t	A	C. Not Applical Snoking C. Snoki
a Bathers d. Switzmang pool s. Canadi y v. Self-selfs d. Canadi y v. Self-self-self-self-self-self-self-self-s	steen persons, not converying or reliang cover of thy decembers of the years person of the Control of the person of the Control of the Contro	7. If started by process, hashes a. Training c. Cooking a. Visionere in Type of construction of lost a. Wood Frame c. Trainin	** active** b. Smoking d. Other
	and by decondered of by samp person f. Unknown go density was? f. See See See See See See See See See Se	7. If started by process, hashes a. Training c. Cooking a. Visionere in Type of construction of lost a. Wood Frame c. Trainin	** active** b. Smoking d. Other
Location grots to devecting	of by sur person. f. Unknown g breach was? f. Unknown g breach was? h. Small object or toy in movel or is bands? passe loop oversing vision is mouth one mope) energy greasers on victim is not. g. Unknown box, ent. is other inequit generational box, ent. is other inequit generational box, ent. is other inequity generational box, ent. is other inequity box to? d box to? d box ent. d box ent. d box ent. d box ent. f. Not Applicabile representation inhalation?	Paying Cooking	b. Smokking d. Other f Not Applica liditing burnet b. Birck-Worse d. Other f. Not Applica zowe select be that black and black i
Location grots to devecting	ig densels when? b Small object or toy in movel on's hand(n) plants logic oversity visitor is mouthouse poly-ensing greeners on victim is not; poly-ensing greeners on victim is not; box, crit, in other stemping energement No	c. Cooking n. Utaknown n. Type of construction of but weed Frame c. Trader c. Trader c. Utaknown 1. Zestannes 1. Zestannes 1. Describe organizations b. Utaknown 2. Constructions Constructions Constructions 1. Describe 1. Organizations 1. Describe 1. Organizations 1. Organizat	d. Other Net Applica
Continue of Possor Continue of Possor	ig densels when? b Small object or toy in movel on's hand(n) plants logic oversity visitor is mouthouse poly-ensing greeners on victim is not; poly-ensing greeners on victim is not; box, crit, in other stemping energement No	c. Cooking n. Utaknown n. Type of construction of but weed Frame c. Trader c. Trader c. Utaknown 1. Zestannes 1. Zestannes 1. Describe organizations b. Utaknown 2. Constructions Constructions Constructions 1. Describe 1. Organizations 1. Describe 1. Organizations 1. Organizat	iding barnet b Brisk/Stora d Other f Not Applies zerve ethy e that block and block J
Westerney (leatation) decices	g created week." b. Small object or toy at assettion or a bandaria) place to glorowing vision a measurement, species region or a bandaria, page in the state of the state	B. Unknown B. Type of construction of lost B. Type of construction of lost B. Type of construction of lost C. Trailer C. Trailer C. Unknown C. Unknown C. Unknown C. Unknown C. Unknown Description B. Unknown C. Unknown C	iding barnet b Brisk/Stora d Other f Not Applies zerve ethy e that block and block J
Westerney (leatation) decices	b. Graal object or toy in nevel or to tands, or tands or tands, pass beg overeng varies is next-noise, anyo, entering reserve or writes is not; anyo, entering preserve or writes is not; and, ord, or other steeming enregement! No c. Unknown to to! No c. Unknown to to! Victorial or to!	I. Type of conservation of last Wood Frame	iding barnet b Brisk/Stora d Other f Not Applies zerve ethy e that block and block J
A companies delication delication A companies A comp		Wood Frame Trailer Distance Distance Distance Distance Distance Distance Distance Distance Distance Description Description Description Description Distance	b. Brisk/Stone d. Other f. Not Applies power stie) e that block and block J
Contamination Uniformeri Composition C		C Trailer C Ustanno C CENTRAL (New-relation of the Commission of	d. Other (. Not Applica pown clie) w ther block and block I
1. VEHECULAR		Children Communication Unit Constitution	[. Not Applies pown clie) w their block and block i
A Device of Imparts Device of Volce A Device on the Color	a loc. ca., ar other stemmag strengment	9 CONTREMENDED UNION TO SERVICE DE LA CRUSH (Nove-rebs (Frigitzes depuis, complete). Descriptos. b. Descriptos. b. Descriptos. Contremendos Union (Frigitzes) (Nove-rebs (Frigitzes)) (Nove-rebs (Fr	pews edes e that block and block i
A Device of Imparts Device of Volce A Device on the Color	a loc. ca., ar other stemmag strengment	12 CRUSH (Non-relative (Finite Computer (Finite Computer Compute	ole) e this block and block i
Denseno of Discolor	□ No c. □ Unicareen tau to? a design of orify/bed on temporoper use of orify t on end afterping surface (waterbed) f □ Not Applicable processide inhalation?	(I) influent injury, complete 1. Describe circumstances: a. Describes: b. Unknown 2. Circumstances Unknown [13. CONFINEMENT (I) influence injury, complete	e thur block and block I
1 1 1 1 1 1 1 1 1 1	tue to? steage of cribbed se soft sleeping surface (waterbod) f. \ Not Applicable prescribe inhalation?	(I) influent injury, complete 1. Describe circumstances: a. Describes: b. Unknown 2. Circumstances Unknown [13. CONFINEMENT (I) influence injury, complete	e thur block and block I
Committee Comm	a design of critiched enviroper use of critic en soft steeping surface (waterbed) f. \(\sum Not Applicable enviroped in malatation?} \)	Describe circumstances: Description Usignown Circumstances United Is CONFINEMENT (Vierboard repay, compile	(
2 Other	es improper use of crib se soft siseping suriace (waterbed) f. \[\sum \text{Next Applicables} mesociale inhalation?	Description Distriction Continues and United Order Continues United Order Continues United Order Continues United Order Continues United	(
c. Other:	ee soft sleeping surface (Visterbed) f: \(\sum \text{Not Applicable} \) prescrible inhalation?	Unknown Unknown Communication Unknown IS CONFINEMENT (If inflicted injury, compile	(
2. Type of velocite*	f. Not Applicable	Unknown Unknown Communication Unknown IS CONFINEMENT (If inflicted injury, compile	ws
Car	f. Not Applicable	Consensaciona Unicor IS CONFINEMENT (Virefectual injury, compile	ws
E Bloyde Other ferm vehicle All-arran vehicle	Troutslating spiceosen	Consensaciona Unicor IS CONFINEMENT (Virefectual injury, compile	WIS
E Bloyde Other ferm vehicle All-arran vehicle	Troutslating spiceosen	13. CONFINEMENT	77
Cober farm vehicle D. All-arram vehicle Cocarmi	b. No c. Utaknows ances Utaknows	(If influence impury, compile	
Other: Unknown 6 Cercama	ances Unknown	(If influence impury, compile	
3. Cancilistan of Road? b. Lone Cirevel		- In the second	se they block and block
a. Normai b. Lone Cravet C. L. ELECTER (Control of the Control of		1. Place of confenent?	
\$\(\) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	OCTITION	a. Refrigerator Applies b. Chest, box, fox lock c. Other:	es c Thister Vehicle
Coher Cohe	ury, complete this block and block (5)	b C Chest has feet bed	on a Dillacon or heal
Coher Cohe		O. C. COME DOT TON HOR	C Citionson
4. Sation best or stellars sear? a. Present in valuacit, but out used b. None on verticale a. Restruct used d. Unknown a. Not Applicable 7. Donassed was warrang below? 8. Yes C. Usknown d. Not Applicable 8. C. Usknown d. Not Applicable 9. C. Usknown d. Not Applicable 9. Output D. Not Applicable 9	Notice to The Section of Section 1	# [] Other	T The Carrieran
Sachy bet or status sear? A present or whock, but not used Notes in whitch Notes in whi	mant. 1. Libraryon ware	2. Circumsances Unicon	N/E
b. None in vehicle c. Restrant used p. Unknown 1. Domised was vestring beliefe! 2. Domised was vestring beliefe! 3. Visi 4. Visi 5. Uksnown 6. Not Applicable 7. Clusterwey 7. Clusterwe	ntact h. Electrical wave d outlet d. Electrical appliance d tool f. Other:	14. TYPE OF INFLIC	TERINDING
b. None in valuable c. Restricted used d. Unknown a. Not Applicable f. Decision was varing belief! a. Yes b. No. Not Applicable c. Uklnown d. Not Applicable	L L Other	1. Then of inflated	THE RESURT
Deceased was wearing belief! D	n h. Not Applicable		4 David
Deceased was wearing belief! D	on defective?	a. Shaken c. Con/Stabled	b. Struck d. Throws
a. Yes b. No 3. Circums	□ No c. □ Unknown	E D CRAMMA	
c. Unknown d. Not Applicable Tig. ALL DNJ	eanora Unicrove	e. 🔲 Seconi Assault	£ Chir
	rms.	= g □ Unknown	
		2. Inpury inflicted with?	250000000000000000000000000000000000000
The American Advance interpretated	jury, complete this block and block IS	b. Sharp object (e.g.,)	KELEK, BOURDYS
. I'l Sunskill and Improve indicated		b. Blurs object in g.	nammer, bat)
(1) Accusi speedmph aOpen w	nadow b. Pedestrian	c. Hot liquid or other	núntacor
(1) Actual spect	adorvation supe (in baby walter) supe (other) g. Unknown	d. Hands-Foot	6. Fire Arece
(2) Speed lamit:mph 4 Stain,	sipe (in beby walker)	f. Other	g. 🗆 Unknown
c. Other violation by operator d. No operator at vehicle c. Brake failure c. Other	sape (other)	3. Circumstances Uni	
4. No operator in vehicle is Deaks facture	g. Unknown		
	7	15. PERSON INFLIC	TING INDIRV
h Other i Not Applicable a Feet	b. Unknown	I. Who inflicted the intervi	
7. Vehicle in which decedent was not occupant.	uce composition/serdness?	a. Self-inflicted	b. Parent
T Common discount improperted 3. Lancing term	The state of the s		4 Other
b. Speed Recklessness indicated:		c. Releave	
	- Marine	2. Age of person inflicting	separy.
the Constitute of the Constitu	m c. 🗌 Not Applicable		h. Unknown
Other violation by operator	ances Unfosown	3. Sex of person inflicting	m(ar)
t Copie violation by operator	ACCORDING TO THE REAL PROPERTY.	a. Distain b. DiFer	
	NING/OVERDOSE	4. Race of person inflicting	
c. Smike failure C. Other mechanical failure (if reflected is	query, complete this block and block []	5) a [Gared	Silver code from Page
g Other h. Unknown 1. Name of dru		the last	
1 Not Applicable A Name			CONTRACTOR OF THE PARTY OF THE
8. Circumstance Unicrown b. Unicro	g or chemical?	DIE OTHER CAUSE NO	200 CT 1 CT
2 D Care	g or chemical?	D 16 OTHER CAUSE NO	200 CT 1 CT

This form is confidential	TENNESSEE DEPARTMENT OF HEALTH CHILD FATALLITY REVIEW TEAM REVIEW/DATA COLLECTION FORM	The information on this form was contained into the data system on
Judicial District No.:	Child Death Year/No.	CAUSE AND CIRCUMSTANCES OF DEATH
Child's Name:		(Complete on back)
Date of Death: / Date of Birth: / Address: Street Cay Race: White African American Hispanic Mother's Name: American First Middle Mother's Social Security Number: County of Residence	/ Sex: Male Female Zip code Female Asian Other: / / Date of Birth / / Moeth Day Year	Sudden Infant Death Syndrome Lack of adequate care Illness or other natural cause Drowning Vehicular Firearm Suffocation/Strangulation Electrocution Fall Injury Unknown cause Unknown cause
Abnormal Conditions: Specify month Prenatal Care Began: Risk Tobacco Use Yes No No. of cigarettes	nter Clinic/Doctor's Office of Gestation (weeks) ualies tal Visits No Prenatal Care per day: week:	Prior Child Protective Services Involvement?
Place of Death:	Setting Body of Water	Other: Hased on available information, was this death preventable? Yes
Int Review: / / 2nd Review: / /	Jid Review / /	Recommend For Additional Review?

CAU	SE AND CIRCUMSTANCES OF THE DEATH	je
L. Formore of infant of discovery? a On screech, face for up	C. FIREARM Parcel bending the fireers	I FIREDWINE (************************************
3. E pass	a Handgom b Alfe C Storagem d Other Storagem d Other Age of person bandling fireman: Verson b Valuations L Verson bandling fireman: Decorage of other person C General of the person C Other C Person d Not Applicable Not Applicable Not Applicable C Other C Other	a. Oversitions explosive b. Cooking applicance used as heat source c Matthes
L DROWNING Prenaturey	□ 7. SUFFOCATION/STRANGULATION Concentrations of the revent? a. □ Chies parameter overlying or rolling over described? b. □ Cassed by other parame, not revelying at rolling over c. □ Self-erficiated by described: d. □ Note afficiated by serving or the control of the con	1. Was the fire standed by a person? a
1 YEHICULAR Pusicion of Decement S. Pulsation of Decement S. Pulsation of C. Pusicipi of C. Pusicipi of C. Pusicipi of Vallation S. Car S. Car S. Car S. S. Car S. S. S. S. S. S. S. S	a. Gazeriosa design of crishted b. Maclinoctoni recorpor use of crishted c. Paccesses on and sierping surface (s.g. waterbed) d. Other a. Unknown C. Not Applicable 5. Day to carbon monoroide subalation? b. Yes. b. No. c. Unknown 6. Carcanstances Unknown 6. Carcanstances Unknown 7.	L Usbarres 11 CONFINEMENT
Other Unknown Unknown Unknown Unknown Unknown Unknown Unknown Un	□ ELECTROCUTION 1. Case of electrocation? □ Water contact □ Electrical coals □ Electrical coals □ Electrical coals □ Electrical coals □ Unitaries □ Electrical searce defective? □ Electrical searce defective? □ Unitaries □ Value □ Value □ Unitaries □ Unitaries □ Unitaries	Refrigerator Applisance c Motor Vehicle Chet, but, foot locker d Romn or heads Chet:
2. Decembed were received photomes? a. Yes	9. FALL DATURY	Person inflicting upony Cricinown, is Agg
6. Bride failure	2. Coronneance Unicores	13. OTHER CAUSE NOT LISTED ABOVE

This form is confidential 19	CHILD FA	TALITY REVIEW TEAM EW/DATA COLLECTION FORM	The information on this form was attend into the data system on hy
Judicial District No.:		Year/No.:/	CAUSE AND CIRCUMSTANCES OF DEATH
Child's Name:		331 SERVICES /	(Complete on back)
Date of Death:/ Date of Bit Address:		Sex: Male Pernale	Sudden Infant Death Syndrome Lack of adequate care Poisoning/Overdos Prematurity Inflicted injury
	☐ Hispanic ☐ Asian	Other:/ Date of Birth: / / Month Day Year	☐ Illness or other natural cause ☐ Fire/Burn ☐ Other cause not ☐ Vehicular ☐ Stream ☐ Unknown cause ☐ Suffocation/Strangulation ☐ Unknown cause
Census Tract: County	r of Residence	il,	Prior Child Protestive Services Involvement? Yes No
Birth Weight:	Clinical Estimate of Gestation Congenital Anomalies Number of Prenatal Visits No. of cligarettes per day; No. of drinks per week: No. of cligarettes per day; No. of cl	(weeks) No Prenatal Care Accidental Natural Blank Body of Water No Unknown Other:	3. Other Public/Private Agency Involvement? Yes No Unknown Name of Agency: 4. Was there an apparent delay in seeking medical treatment? Yes No Unknown 5. Overall was the Investigation adequate? Yes No If No, was the problem with: Autopsy Police Follow-up Hospital Review Death Sceale Investigation Interagency Cooperation PCPS Follow-up Other: 6. Baned on available information, was this dosth preventable? Yes No Unknown 7. Manner of death as determined by the CPRT team: Hemicide Accidental Natural Suicide Could not be determined Undetermined due to suspicious circumstances
lat Review: / / 2nd Review:	/ / 3rd Revtew	/ /	Recommend For Additional Review? Yes No Which Reports/Records are requested for full review? Law Enforcement School Dits Med. Exam Autops, Rospital Autopsy Court DA Report Realth Dept. Date Case Closed by CFRT:

Protected of funds of followers Process handing the discared	Comple	USE AND CIRCUMSTANCES OF THE DEATS one one of blocks 1-12 as applicable to indicate cause of a	
3. Caramitance Utilization 4. HALNESS OR OTHER NATURAL CANSE Apparest linear or other conditions 5. Rower conditions 6. Caramitance or other conditions 7. Rower conditions 8. Utilizations 9. Debarrance or other conditions 1. SUFFOCATIONSTRANGULATION 2. SUFFOCATIONSTRANGULATION 3. DROWNING 4. Caramitance or other conditions 5. DROWNING 6. Caramitance or other conditions 6. Debarrance or expect to the condition 8. Caramitance or other conditions 9. Debarrance or expect to the condition 1. SUFFOCATIONSTRANGULATION 1. SUFFOCATIONSTRANGULATION 2. Caramitance or other conditions 3. Debarrance or other conditions 4. Caramitance or other conditions 5. Debarrance or other conditions 6. Other 8. Debarrance or other conditions 8. Debarrance or other conditions 9. Other 9. Caramitance or other conditions 1. SUFFOCATIONSTRANGULATION 1. SUFFOCATIONSTRANGULATION 1. Debarrance or other promote or other or other or other promote or other promote or other other or other or other or other or other or other or	a Disconsach, flore down b On atomach, flore to side c Other C On back d On tide C Other 2. ADEQUATE CARE L Apparent lact of expervision? You No D Apparent lact of embiral save! You No D b Owl water insortions C Delayer medical care C Delayer medical care C Delayer medical care C Delayer medical care C C C of Proprietal Introduce	Person handling the firearm? A. Other person A. Other person C. Unknown d. Not Applicable The firearm involves? A. Hadgon b. Rifle G. Shotgan d. Other: C. Unknown f. Not Applicable Applicable Applicable Applicable Applicable Applicable Applicable C. Lincoln C. Unknown G. Unknown G	
Westing Statistics device?	4. HLINESS OR OTHER NATURAL CAUSE Apparest illiness or other condition?	1. SUFFOCATIONSTRANGULATION 1. Carounstances of the event? 2. Cher person overlying or rolling over decedent? 3. Sufficient by other press, as employing or sulling over 4. Sufficient by decedent 5. Sufficient by decedent 6. Sufficient by any person 7. Object impedage breath? 8. Food 8. Small object or toy in crossing 7. Object (a.g., plants leaf) concerng victor's mouth base 8. Sufficient base 8. Suf	4. If alone present, did it sound? 2. Yes 4. Unknown 4. Unknown 5. Was the fire stated by a person? 2. Yes 5. No 6. If stated by a person, bircher age? 2. Age
c Other	a. Yes b. No c. Unknown 4. Circumstasces Unknown 6. VEHICULAR L. Position of Decodent?	4. If in bodicity, due so? a. Hazardon design of crisisted b. MalSaction Keeproper use of critished c. Hazardon design surface (e.g. waterbed) d. Other c. Unknown f Not Applicable	
	e. Other Car Car	a.	

	1999	TENNESSEE DEPARTMENT OF HEA			MCH 2/98
This form is confidential		CHILD FATALITY REVIEW TEAM 1998 REVIEW/DATA COLLECTION FO		The information on this	form was entered into the data system by
oficial District No.:	Child Dea	th Year/No.: _ / _ / _ / _ /	□ Sudden In	fant Death Syndrome	on back) Suffocation/strangulation
Arican American dother's Name:	City Hispenic	/ Sex: □ Male □ Female Zip Code: □ Asian Other: / Middle Date of Birth Month Day Year	☐ Prematuri ☐ Illness or ☐ ☐ Drowning ☐ Firearm ☐ Vehicular 2. Prior Chile 3. Other Pub.	other natural cause I Protective Services lie/Private Agency In □ No □ Unknow	☐ Inflicted Injury ☐ Pire/burn ☐ Other cause not listed above ☐ Unknown cause Involvement? ☐ Yes ☐ No volvement?
Number of Prenatal Visits	in No. of cigaret No. of drinks	tes per day per week	DHS: DHS: THS: THS:	counseling/Mental He ennCare lther: an apparent delay in \[\cap \cap \cap \text{Unknow} \] Child Abuse/Neglect \[\cap \cap \cap \cap \text{Unknow} \]	V Program Other ood Stamps Other alth Police/Sheriff I Juvenile Court seeking medical treatment? 1 Fatality? 1
Place of Death:	fomicide rending Investigation At Scene of Room Child's Re	sidence	If no, was	the problem with: y al review ency Cooperation available information	, was this death preventable?
☐ In Transit ☐ Institutional Setting is the Death Certificate adequate/complete Was an sutopsy performed? If Yes, Location: ☐ Medical Examiner Review team comments/recommendation	Child Care Yes Yes Hospital	□ No □ Unknown □ Other	Pes 8. Manner of Homici Could r Recommend Which Repo	□ No □ Unke death as determined de □ Accidental not be determined ed for additional revi- rts/Records are reque- forcement □ School al Autopsy □ Court	by the CFRT team: Natural Suicide Undetermined due to suspicious circumstances

1. SUDON INFANT DEATH SYNDROME SIDS) 1. Position of inflate on discovery? □ □ On stormach, face to side □ □ Unknown. □□ On stormach, face to side □ □ Unknown. □□ On back d□ □ On side □ □ Other 2. Stocker in household? □Yes□ No□Unknown 1. ADBQUATE CARE 1. Apparent lack of supervision? □ Yes□ No 1. Apparent lack of medical care? □ Yes□ No 1. Bycs□□ Malantities or dehydration □ Dealeyel medical care □ Dealeyel medical carentom □ Dealeyel m	3. Condition of road? a. Normal b. Loose gravel c. We We which which	□ 9. INFLICTED INJURY 1. Who inflicted the injury? a □ Self-inflicted b. □ Parous c. □ Ristative d. □ Other. 2. Penson inflicting injury a. App □ □ Unknown b. Set: □ Male □ Fenale c. Race □ White □ Affixes Americae □ Unknown □ Other. 3. Manner in which pipury was inflicted? a □ Shaloen b. □ Struck c. □ Creffshabbed 4. □ Throwes g. Other. 4. highy inflicted with? a □ Sharp object (e.g., harmen, bat) c. □ He he had no other unknown d. □ Handofver c. □ Fire f. □ Other. g. □ Unknown 5. □ CHRUENIERE Unknown 5. □ CHRUENIERE Unknown 1. I I FIREZBURN
5. DROWNING 1. Place of drowning? 1. □ Creds, river, pond or lake 1. □ Creds, river, pond or lake 1. □ Creds, river, pond or lake 1. □ Bodi 1. □ Bodi 1. □ Waters edge 1. □ Bodi 1. □ Bodi 1. □ Waters edge 1. □ Bodi 1. □ Waters pond 1. □ Unknown 1. □	d. Other violation by aperator u. Mechanical failure g. Other ii. Not applicable K. Orcumstances unicorea I. Unknown SUPFOCATIONSTRANGULATION 1. Circumstances of the event! a. Other person overlying or rolling over decedent? b. Caused by other person, one overlying or rolling over clong over c. Self-inflicent by decedent d. Not inflicent by any person e. Other. f. Unknown e. Other. f. Unknown	1. If not a face bars, its source? a. □ like water, etc. b. □ Appliance c. □ Other: d. □ Usknown e. □ Not applicable 2. If ignition fire, its source? a. □ Overhaves explosion b. □ Cooking appliance used as best sourc c. □ Matches d. □ list cignrefie e. □ Lighter f. □ Space bester g. □ Furnece h. □ Explosives l. □ Freworks J. □ Electrical wire k. □ Other: L. □ Usknown 1. Smoke abarra powers at the scene? g. □ Yes h. □ No. c. □ Usknown
Person handling the Streams?	2. Object impeding breath? a. □ Food b. □ Small object or bay in meeth c. □ Other person's hand(s) d. Object (e.g., plausic bay) covering victim's mouthboose e. □ Object (e.g., rope) exerting pressure on victim's need. f. □ Other: a. □ Unknown d. Injury occurred in hed, or other sleeping, arrangement? a. □ Yes b. □ No c. □ Unknown d. If in bedierth, due to: a. □ Houserhous-design of enished b. □ Mallizaction/improper use of enished c. □ Placensent on out sleeping surface (e.g., waterbed) d. □ Other: a. □ Unknown f. □ Not applicable S. Die to carbon memoddé inhalations? a. □ Yes b. □ No c. □ Unknown d. □ Choumstances unknown □ 9. POISONINGAOYERDOSE L. Name of drug or chemical? a. □ Name b. □ Unknown c. □ Choumstances unknown 2. □ Circumstances unknown	6. If slarm grosers, dd it wund? a. Yes b. No c. Unknown d Not applicable 5. Was the fire stanted by a persent a. Yes b. No c. Unknown fi. If started by a person, history age? a. Age wars b. Unknown c. Not applicable 7. If started by a person, history activity a. Playing b. Sunsking c. Conderng c. Other e. Unknown d. Not applicable g. Sungected arom 8. Type of construction of belifting burned: a. Wood frame b. Brick/Stance d. Unknown d. Other e. Unknown d. Other e. Unknown f. Not applicable g. Circamitances unknown 12. OTHER CAUSE NOT LISTED ABOVE:

This form is confidential 1999 REVIEW/DATA COLLECTION FO	
Date of Death	CAUSE AND CIRCUMSTANCES OF DEATH (Complete on back) Sudden Infant Death Syndrome Firearm Lack of adequate care Inflicted Injury Prematurity Poissoning/overdose Inflicted Injury Principal Poissoning/overdose Fire/burn Drowning Other cause not listed above Saffocation/strangulation Unknown cause Unknown cause Principal Other public/private agency involvement? Principal Other public/private agency involvement? Principal Other Principal Other Principal Other Other Principal Other Other Other Principal Other Other
To the best of the team's knowledge, is the Birth Certificate information correct/complete:	Suspected child abuse/neglect fatality? □ Yes □ No □ Unknown 6. Overall was the investigation adequate? □ Yes □ No If no, was the problem with: □ Autopsy □ Police follow-up □ Hospital review □ Death Scene Investigation □ Interagency Cooperation □ CPS Follow-up □ Other 7. Manner of death as determined by the CFRT team: □ Homicide □ Accidental □ Natural □ Suicide □ Could not be determined □ Undetermined due to suspicious circumstances
Review team comments/recommendations and prevention issues: 1st Review: / / 2std Review: / / 3std Review: / /	Recommended for additional review? □ Yes □ No Which reports/records were requested for full review? □ Law enforcement □ School □ DHS □ Med. Exam autopsy □ Hospital autopsy □ Court □ DA report □ Health Dept. □ Attending physician □ Other: □ Date case closed by CPRT:

Com		
□ 1. Sadden Infant Death Syndrome (SIDS) A. Postion of Infant on discovery? 1.□ On stomach, face down 2.□ On stomach, face to side 3.□ On back. 4.□ On side 3.□ Unknown B. Stocker in household? □ Yes □ No □ Unknown □ 2. Lack of Adequate Care A. Apparent lack of supervision? □ Yes □ No C. If Yes. 1.□ Malaustistic or dehydration 2.□ Ond water intoxication 3.□ Deduged medical care? □ Yes □ No C. If Yes. 1.□ Malaustistic or dehydration 6.□ Ond water intoxication 7.□ Unknown □ 3. Prematurity (less than 37 weeks gestation) A.□ Innovn Condition □ 4. Illness or Other Natural Cause A.□ Known condition □ 4. Illness or Other Natural Cause A.□ Known condition □ 5. Dewesing A. Mace of drowning? 1.□ Creek, ever, pond or lake Location prior to drowning? 1.□ Boat 5.□ Waters edge □ □ Other d.□ Unknown 2.□ Other d.□ Unknown 3.□ Boat 5.□ Waters edge □ □ Other d.□ Unknown 3.□ Other d.□ Unknown 4.□ Unknown 4.□ Unknown 5.□ Other d.□ Unknown 5.□ Other d.□ Unknown 6.□ Other d.□ Unknown 6.□ Other d.□ Unknown 7.□ Other d.□ Unknown 8.□ Unknown 8.□ Death d.□ Unknown 9.□ Other d.□ Unknown	CAUSE AND CIRCUMSTANCES OF THE DEATH plete one of blocks 1-12 as applicable to indicate came of 7. Vehiculae A. # and type of vehicles involved: 1. Cars. 2. All-terman vehicles 3. Motorcycles 4. Riding movems 5. Baycles 6. Fam tractors 7. Other fam vehicles 8. Touck/RV 9. Other 30. Unknown B. Position of decelent? 1. Driver 2. Decestrias 3. Driver 4. Driver C. Type vehicle in which decelent was occupant? 1. Car 2. DAll-termin vehicle 3. Motorcycle 4. Riding mover 5. Discover 6. Driver C. Type vehicle in which decelent was occupant? 1. Car 2. DAll-termin vehicle 3. Motorcycle 4. Riding mover 5. Discover 6. Driver mocker 6. Other farm vehicle 7. Driver Nick/RV 8. Other 8. Decessed's safety beb use? 1. Present in vehicle, but not used 2. None in vehicle 3. Restraint used 4. Unknown 5. Date used incorrectly 4. Sent used incorrectly 5. DNA F. Decessed was wearing a belenct? 1. Yes 2. No 3. Unknown 4. NA G. Vehicle in which decelent was occupant? 1. Age of driver 1 Unknown 2. Operator divining impaired 2. Operator divining impaired	deeth.
A. Place of drowning? 1. □ Creek, eiver, pond or lake Location prior to drowning? a. □ Boat c. □ Other d. □ Unknown	Documed was wearing a belinet? Des 2. D No Duksnown 4. D No Usknown 4. D No White decedent was occupant? Age of driver D Unknown	A. Name of drug or chemical? 1. □ Name 2. □ Unknown. B. □ Circumstances anknown.
□ Other person overlying or rolling over decedent? □ Caused by other person, not overlying or rolling over □ Self-inflicted by decedent □ Not inflicted by any person □ Other: □ Other: □ Other: □ Other: □ Office or other person's hand(s) □ Senall object or dry in mouth □ Object (e.g., plaints bug) covering vicinits' innoces.	3. Spend reclisorses indicated 4. Other violation by operator 5. Mechanical failure 6. Other 7. D Underson 8. NA 1. Condition of read? 1. Normal 2. Leone gravel 3. D Wet 4. Dice or snow 5. Other. 6. Unknown 7. NA 8. Concurrentances unknown	9. □ Freworks 10. □ Electrical wiring 11. □ Other. 12. □ Ulsknown 13. □ NA C. Snoke slam present at fee sene? 1. □ Ves 2. □ No 1. □ Unknown B. If slam present, did is sound? 1. □ Ves 2. □ No 1. □ Unknown E. Was the fire started by a person? 1. □ Ves 2. □ Na 1. □ Unknown F. If started by a person, his ber age? Age
5. □ Object (e.g., rope) eseming pressure on victim's seck 6. □ Orber. 2. □ Unknown C. Injury ecound in bed, crib, or other sleeping arrangement* 1. □ Yes 2. □ No 3. □ Unknown D. If in bed-crib, due to: 1. □ Hazardrus design of crib bed 2. □ Malfunction/improper use of crib bed 3. □ Placement on soft sleeping surface (e.g. vaterbold) 4. □ Other: 5. □ Unknown 6. □ NA E. Due to carbon monoxide inhabition* 1. □ Yes 2. □ No 3. □ Unknown F. □ Circonniurces unknown	A Person handling the firearm? 1. Decedent 2. Deber person 3. Utdenzen B. Type firearm involved? 1. Blandpan 2. Rifle 3. Sharigan 4. Other: C. Age of person handling firearm: 1. years 2. Unicaown D. Use of firearm at time of injury? 1. Shooting at other person 2. Suicide 3. Charing 4. Leading 5. D'argest shooting 6. Handing 7. Playing 8. Other: 9. Unknown E. Circumstances unknown	G. If stated by a peniese, his her activity 1. □ Phying 2. □ Stocking 3. □ Cooking 4. □ Suspected aron 5. □ Other 6. □ Usknown 7. □ NA H. Type of construction of building burned: 1. □ Wood frame 2. □ Brick/stone 3. □ Trailer 4. □ Other 5. □ Usknown 6. □ NA L. □ Circumstances unknown □ 12. Other Cause Not Listed Above:

TENNESSEE DEPARTMENT OF HEA CHILD FATALITY REVIEW TEAM This form is confidential 2000 REVIEW/DATA COLLECTION F	The information on this form was extered into the data system
Judicial District No.: Child Death Year/No.: / / / / Child Search Year/No.: / / / / / / / / / / Search Middle Search Middle Search Male Greath: / / Date of Birth: / / Search Male Greath: Zip Code: Zip Code: City Carbon Middle Greath: Address: Street City Carbon Middle Greath: Asian Other: Maiden First / Maiden First / Month Day Year Comsus Tract: County of Residence Birth Weight: / / Clinical Estimate of Gestation (weeks):	1. CAUSE AND CIRCUMSTANCES OF DEATH (Complete on back) Sudden Infant Death Syndrome Firearm Inflicted Injury Poisoning/overdose Fire/burn Drowning Other cause not listed above Vehicular Unknown cause Vehicular Yes No Other public/private agency involvement?
Birth Weight: / / Clinical Estimate of Gestation (weeks): kg gm b oz Congenital Anomalies: Prenatal Care Questions: Specify Month Prenatal Care Began	If yes, name of agency: Health Department: Immunizations CSS WIC Home visiting program Other Other Other Other Counseling/Mental Health Police/Sheriff TennCare Juvenile Court Other: Was there an apparent delay in seeking medical treatment? Yes No Unknown S. Suspected child abuse/neglect fatality?
Death Certificate Number Manner of death on Death Certificate:	☐ Yes ☐ No ☐ Unknown 6. Overall was the investigation adequate? ☐ Yes ☐ No If no, was the problem with: ☐ Autopsy ☐ Hospital review ☐ Death Scene Investigation ☐ Other 7. Manner of death as determined by the CFRT team: ☐ Homicide ☐ Accidental ☐ Natural ☐ Suicide ☐ Could not be determined ☐ Undetermined due to suspicious circumstances
Review team comments/recommendations and prevention issues:	Recommended for additional review?
1" Review: / / 2 nd Review: / / 3 nd Review: / /	Date case closed by CFRT:/

Comp	CAUSE AND CIRCUMSTANCES OF THE DEATH lete one of blocks 1-12 as applicable to indicate cause of	
□ L. Sudden Infant Death Syndrome (SIDS) A. Position of Infant on discovery? 1 □ On storach, face down 2 □ On storach, face to side 3 □ On back 4 □ On side 5.□ Unknown B. Smoker in household? □ Yes □ No □ Unknown □ Z. Lack of Adequate Care A. Apparent lack of supervision? □ Yes □ No B. Apparent lack of supervision? □ Yes □ No C. If ye. 1.□ Malantation or delydration C. □ Only water innocionation 3 □ Delayed medical care 4.□ Insafequate medical attention 5.□ Only T.□ Unknown	T. Vehicular A. Fanal type of vehicles involved	9, Inflicted Injury (NOT finants or sufficiation'strangulation) A. Who inflicted the injury?
□ 3. Prematurity (loss than 37 works gestation) A. □ Known Condition □ 4. Bluess or Other Natural Cause A. □ Known condition	S. □ Other: D. Decoased's safety belt use? I. □ Present in vehicle, but not used U. □ None in vehicle Undensent S. □ Restraint used Undensent S. □ Restraint used Undensent S. □ Restraint use? I. □ Present in vehicle, but not used U. □ Present in vehicle, but not used	3. □ Hot liquid or other substance 4. □ Hando free 6. □ Other. 7. □ Unknot E. Where did sipury occur? 1. □ Child's residence 2. □ School 3. □ Relative friend's home 4. □ Child care 5. □ Other. 6. □ Unknot
B. D Usknown	3. Sent used correctly	F. D Circumstances unknown
□ 5. Drowning A. Place of downing? □ □ Crock, river, poed or lake □ Location prior to drowning? □ □ Beat	5. □ NA F. Deceased was wearing a helmet? 1. □ Yes 2. □ No 3. □ Unknown 4. □ NA G. Vehicle in which decedent was occupant? 1. Age of driver □ Unknown 2. □ Operator driving impaired (alcohol/dring) 3. □ Speed/recklessness indicated 4. □ Other violation by operator 5. □ Mechanical failure 6. □ Other 7. □ Unknown 8. □ NA H. Vehicle in which decedent was not occupant?	□ 10. Poisoning/everdose A. Name of drag or chemical? 1. □ Name 2. □ Unknown B. □ Circumstances unknown □ 11. Fire/burn A. If not a fire burn, its source? 1. □ Hot water, etc. 2. □ Appliance 3. □ Other. 4. □ Unknown 5. □ NA B. If ignition/line, what was source? 1. □ Oven/stove explosion 2. □ Creding appliance und as heat source 3. □ Matches 4. □ Line eigenstre
	1. Age of driver	5. □ Lighter 6. □ Space heater 7. □ Firmace 8. □ Explosives 9. □ Firmorks 10. □ Electrical wiring 11. □ Other 12. □ Undensewn 13. □ NA C. Smoke alarm present of fire scene? 1. □ Yes 2. □ No 3. □ Undensewn D. If alarm present, did it soused? 1. □ Yes 2. □ No 3. □ Undensewn E. Was the fire started by a person? 1. □ Yes 2. □ No 3. □ Undensewn E. Was the fire started by a person? 1. □ Yes 2. □ No 3. □ Undensewn F. If started by a person, his/her age? Age

This information is confidential	TENNESSEE DEPARTMENT OF HEAD CHILD FATALITY REVIEW TEAM	This information was entered into the data system on
Judicial District No.: Child Death Year/No.: Date of Death: Date of Death: Address: Street Address: Street Address: Street Clip Of Hispanic origin? Yes No Modele Mother's Name: Mother's Date of Birth: Mother's Date of Birth: Census Tract: Country of Residence Birth Weight: Abnormal Conditions: Congenital Anomalies: Prenatal Care Questions: Specify Month Prenatal Care Began No Prenatal Care Unknown Number of Prenatal Visits No Visits Unknown Number of Prenatal Visits No No. of cigarettes per day Alcohol Use: Yes No No. of drinks per week Chemical Substance Abuse: Yes No of drinks per week Chemical Substance Abuse: Yes No or orrect/complete: Yes No To the best of the team's knowledge, is the Birth Certificate information correct/complete: Yes No		1. CAUSE AND CIRCUMSTANCES OF DEATH (Complete on back) Complete on back) Sudden Infant Death Syndrome Firerarm Lack of adequate care Inflicted Injury Prematurity Prematurity Poisoning/overdose Fire/burn Drowning Other cause not listed about Sufficient of the protective services involvement? Vehicular Unknown cause Vehicular Vehicular Unknown cause Vehicular Vehi
Death Certificate Number		
Review team comments/recommendations and prevention issues (for local team use):	Recommended for additional review? Yes No Which reports/records were requested for full review? Law enforcement Court DA report School DHS Health Dept. Health Dept. Attending physician Other:	Additional information for State office:
I* Review: / / 2nd Review:	/ / 3 rd Review:/_/	Date case closed by CFRT://

CAUSE AND CIRCUMSTANCES OF THE DEATH Complete one of blocks 1-12 as applicable to indicate cause of death.		
□ 1. Sudden Infant Death Syndrome (SIDS) A. Position of listiat on discovery? 1.□ On stomach, due to side 3.□ On somach, due to side 3.□ On back 4.□ On side 5.□ Unknown B. Stocker in household? □ Yos □ No □ Unknown 2. Lack of Adequate Care A. Apparent lack of supervision? □ Yos □ No C. If you 1.□ Mainstribion or dehydration C. If you 1.□ Mainstribion or dehydration	7. Vehicular A. # and type of vehicles involved 1. Cars 2. All-tensin vehicles 1. Mosecycles 4. Riding movers 5. Bicycles 6. Farm tractors 7. Other farm vehicles 8. Track/RV 4. Oder 10. Unknown 8. Position of decedent? 1. □ Driver 2. □ Podestrian 3. □ Passenger 4. □ Back of stuck 5. □ Other 6. □ Unknown C. Type vehicle in which decedent was occupant?	9. Inflicted Injury (NOT feeture or suffection intrangulation) A. Who inflicted the injury? 1. □ Self-inflicted □ 2. □ Parent □ 3. □ Relative □ 4. □ Other □ 8. Person inflicting injury? 1. Age □ Unknown. 2. Gender: □ Male □ Female □ 4. □ Other □ Cheer □ Unknown. □ Other □ Unknown. □ White □ African American □ Other □ Unknown. C. Manner in which injury was inflicted? 1. □ Shaken. □ 2. □ Snuck. 3. □ Throws.
Debyed medical care Indequate modical attention One of-hooping high Other Unknown	D Car D All-termin vehicle D Motorsycle D Riding mover D Bisjele D Parm tractor D Other farm vehicle D Track/RV D Other D D D D D D D D D D D D D D D D D	4. □ Cut'stabled 5. □ Sexual Assault 6. □ Other: 7. □ Unknown D. Isjury inflieted with? 1. □ Sharp object (e.g., knife, aciones) 2. □ Blast object (e.g., hamser, but) 3. □ Hor liquid or other abstance
□ 3. Prematurity (less than 37 weeks gestation) A. □ Known Condition	D. Deccased's safety belt use? D. Deceased's safety belt use? D. Dessent in vehicle, but not used D. None in vehicle 3. D. Restmint used.	4. □ HandoYeet S. □ First 6. □ Other: 7. □ Unknown E. Where did injury occur?
A. Illness or Other Natural Cause A. Ill Known condition B. Illustrown	4. □ Unknown 5. □ NA E. Deceased's infam'toddler seat use? 1. □ Present in vehicle, but not used 2. □ None in vehicle 3. □ Seat used correctly.	Delaif's residence 2. □ School Delaive Friend's home Child care Deber 6. □ Unknown Did Concurratances unknown
□ S. Drawning A. Place of drawning? 1. □ Creek, river, pond or lake Location prior to drawning? a. □ Boar c. □ Other a. □ Urknown 2. □ Well, cissern, or septic tank 3. □ Bathub 4. □ Swimming pool 5. □ Bocket 6. □ Walling pool 7. □ Other 8. □ Urknown B. Wenning floation device? 1. □ Yes 2. □ No 3. □ Urknown 4. □ NA C. □ Circumstances Urknown	Sent used incerrecity S	□ 16. Poisoning/overdose A. Name of drug or chemica?? 1. □ Name 2. □ Unknown B. □ Circumstances unknown □ 11. Fire/burn A. If not a fire burn, its source? 1. □ Hon water, ric. 2. □ Appliance 3. □ Other 4. □ Unknown 5. □ NA B. If spinion/fire, what was source? 1. □ Overs/since caplanium 2. □ Cooling appliance used as best source 3. □ Matches 4. □ Lit signation
A. Seffocation/Strangulation A. Circumstances of the event? I □ Other person overlying or rolling over docadent? □ Caused by other person, not overlying or rolling over □ Seff-inflicted by decedent 4.□ Not inflicted by decedent 4.□ Not inflicted by arry person. 5.□ Other. B. Object impeding breath? 1.□ Food 2.□ Other person's band(s) 3.□ Small object or by in meath 4.□ Object (e.g., plastic bag) covering victim's mouthnesse.	2. Operator driving impaired (alcoheldrag) 3. Spend-redelessess indicated 4. Other violation by operator 5. Mechanical failure 6. Other 7. Unknown 8. NA L Constitution of road? 1. Normal 2. Loose gravel 7. Wet 4. Re or same 8. Other .	5. □ Lighter 6. □ Space baster 7. □ Fursace 8. □ Space baster 9. □ Fireworks 10. □ Electrical wiring 11. □ Other: 12. □ Urknown 13. □ NA C. Smoke alarm present at fite scene? 1. □ Yes 2. □ No 3. □ Urknown D. If alarm present, did it sound? 1. □ Yes 2. □ No 3. □ Urknown E. Was the five started by a person? 1. □ Yes 2. □ No 3. □ Urknown F. If started by a person, his her age:yean 1. □ Urknown 2. □ NA
5. □ Object (e.g., tope) exerting pressure on victim's neck 6. □ Other: 7. □ Unknown C. Injury occurred in bed, errit, or other sleeping arrangement? 1. □ Yes 2. □ No 3. □ Unknown D. If in bed'errit, due so: 1. □ Hazardeou design of crit-b'ed 2. □ Malifanction improper use of crit-b'ed 3. □ Placement on soft sleeping surface (e.g. susterbed) 4. □ Other: 5. □ Unknown 6. □ NA E. Due to carbon monoside inhalation? 1. □ Yes 2. □ No 3. □ Unknown F. □ Circumstances unknown	A Person handling the firearm? Decedent 2 Parent Decedent 2 Parent Decedent 3 Unknown Dependent 4 Unknown Desegration 5 Unknown Desegration 5 Unknown Decedent 5 Unknown Decedent 5 Unknown Decedent 5 Unknown Decedent 5 Unknown Decedent 5 Unknown Decedent 5 Unknown Decedent 5 Unknown Decedent 5 Unknown Decedent 5 Unknown Decedent 5 Unknown	G. If started by a person, his her activity 1. Physing 2. Stocking 3. Cooking 4. Suspected arson 5. Other: 6. Unboxow 7. NA H. Type of construction of heidding burned: 1. Wood form 2. Back issone 3. Tealer 4. Other: 5. Unboxow 6. NA 1. Smoke inhabition death 1. Ves 2. No 1. Cincumstances tarknown 12. Other Cause Net Listed Above:

88 RDA-p

This information is confidential	TENNESSEE DEPARTMENT OF HEAI CHILD FATALITY REVIEW TEAM 2002 REVIEW/DATA COLLECTI	Later Comment
Race: White African American Asian Other: Mother's Name: Last	Child Death Year/No.: / / / / / / / / / / / / / / / / / / /	CAUSE AND CIRCUMSTANCES OF DEATH (Complete on back) Sudden Infant Death Syndrome Firearm Lack of adequate care Inflicted Injury Prematurity Poisoning/overdose Illness or other natural cause Other cause not listed above Suffocation/strangulation Unknown cause
kg gm lb se	County of Residence Clinical Estimate of Gestation (weeks): Congenital Anomalies: No Prenatal Care Unknown No Visits Unknown No. of cigarettes per day No. of drinks per week No Specify	2. Family has prior child protective services involvement? Yes No Unknown Yes No Unknown If yes, name of agency Health Department: Immunizations CSS WIC Home visiting program Other Counseling/Mental Health Police/Sheriff TennCare Juvenile Court Other Was there an apparent delay in seeking medical treatment?
Manner of death on Death Certificate: Homicide Pending Inv Place of Death: Hospital Inpatient Hospital Emergency Room In Transit Institutional Setting Was an autopsy performed? Yes No Unkno	Death Certificate adequate/complete?	S. Suspected child abuse neglect fatality? Yes No Unknown Overall was the investigation adequate? Yes No If no, was the problem with: Autopsy Hospital review Death Scene Investigation Interagency Cooperation Other Manner of death as determined by the CFRT team: Homicide Accidental Could not be determined Could not be determined
If Yes, location: ☐ Medical Examiner Review team comments/recommendations and prevention issues (for local team use):	Recommended for additional review?	Undetermined due to suspicious circumstances Additional information for State office:

RDA-pending

Appendix 2q

CAUSE AND CIRCUMSTANCES OF THE DEATH Complete one of blocks 1-12 as applicable to indicate cause of death.		
□ I. Sedden Infant Death Syndrome (SIDS) A. Position of infant on discovery? 1.□ On sternach, face down 2.□ On sternach, face to side 3.□ On back 4.□ On side 5.□ Unknown B. Sleeping with another pensen? □ Yes □ No □ Unknown C. Sencker in household? □ Yes □ No □ Unknown □ 2. Lack of Adequate Care A. Apparent lack of supervision? □ Yes □ No G. If yes: 1.□ Malnestrision or dehydration 2.□ Onl water intotication 3.□ Delayed medical care? 4.□ Inadequate redical america 4.□ Inadequate redical america 5.□ Other 7.□ Unknown □ 3. Perenaturity (Inst than 37 weeks geitation) A.□ Known Condition □ 4. Illness or Other Natural Carse A.□ Known condition	7. Vehicular 7. V	9. Inflicted Injury (NOT firearm or suffocation vising alution) A. Who inflicted the injury? 1. Self-inflicted 2.
B. Unknown S. Drawning A. Piace of downing*	5. □ NA F. Decessed was wearing a heliner? 1. □ Yes 2. □ No 3. □ Unknown 4. □ NA G. Vehicle in which decedent was occupant? 1. Age of driver 2. □ Operator driving impaired (alcoholdrag) 1. □ Spondireoldiossness indicated 4. □ Other violation by operator 3. □ Mochanical finiture 6. □ Other 1. □ Unknown 7. □ Unknown 8. □ NA H. Vehicle in which decedent was not occupant? 1. Age of driver 2. □ Operator driving impaired (alcoholdrag) 3. □ Spendireoldiossness indicated 4. □ Other violation by operator 5. □ Mechanical finiture 6. □ Other 7. □ Unknown 8. □ NA L. Condition of road? 1. □ Normal 2. □ Losse gravel 3. □ Nernal 3. □ Wer 4. □ lose a sance 5. □ Other 6. □ Unknown 6. □ Unknown 6. □ Unknown 6. □ Other 7. □ Unknown 6. □ Other 7. □ Other	□ 10. Poisoning/everdose A. Name of drag or chemical? 1. □ Name 2. □ Union/eve B. □ Greanstatoces unknown □ 11. Fireburs A. If not a fire burn, its source? 1. □ Hot water, etc. 2. □ Appliance 3. □ Other. 4. □ Union/eve. 2. □ NA B. Highitace/fire, what was source? 1. □ Overnitove explosion 2. □ Cooking appliance used us best source 3. □ Masches 4. □ Lit cigarcite 3. □ Lighter 6. □ Space heater 7. □ Farance 8. □ Explosives 9. □ Fireworks 10. □ Electrical writing 11. □ Other. 12. □ Union/eve. 13. □ Union/eve. 14. □ Ves. 2. □ No. 3. □ Unknown D. Haltere present, did it cound? 1. □ Ves. 2. □ No. 3. □ Unknown D. Haltere present, did it cound? 1. □ Ves. 2. □ No. 3. □ Unknown E. Was the fire satural by a person?
1. □ Food 2. □ Other person's hand(s) 1. □ Small object or toy in mouth 4. □ Object (e.g., plastic hag) covering victim's mouth hose 5. □ Object (e.g., plastic hag) covering victim's mouth hose 6. □ Other 7. □ Unknown C Injury occurred in bod, crib, or other slooping amagement? 1. □ Yes 2. □ No 3. □ Unknown D. If in bod/crib, due to: 1. □ Hausarless design of crib/bed 2. □ Malfanzation improper uses of crib-bod 3. □ Placement on soft slooping surface (e.g., switzerbed) 4. □ Other 5. □ Unknown 6. □ NA E. but to carbon monoxide inhulation? 1. □ Yes 2. □ No 3. □ Unknown F. □ Circumstances unknown	S. Finera: A. Penson handling the finearm? A. Penson handling the finearm? D. Decelore: 2. D Pariett 3. D Other: 4. D Unknown B. Type finearm involved? 4. D Other: 5. D Unknown C. Age of person handling finearm: 1. years: 2. D Unknown D. Use of finearm at time of injury? 1. D Shooting at other penson 2. D Suicide 3. D Hunting 3. D Other: 6. D Unknown E. Woo decedien's home source of finearm? 1. D Year 2. D No 3. D Unknown F. D Circumstances unknown	L Ves Z D No S Unknown

ROLA

BILL PURCELL, MAYOR

EXECUTIVE ORDER NO. 005

SUBJECT: Executive Order

The following Executive Orders are hereby reaffirmed:

Executive Order No. 88-02 Executive Order No. 88-08 Executive Order No. 89-04 Executive Order No. 89-06 Amended Executive Order No. 89-08 Executive Order No. 89-09 Executive Order No. 89-15 Executive Order No. 90-04 Executive Order No. 90-06 Executive Order No. 91-01 Executive Order No. 91-02 Executive Order No. 91-03 Executive Order No. 91-03 Executive Order No. 91-05 Executive Order No. 91-05 Executive Order No. 91-06 Executive Order No. 91-07 Revised	Executive Order No. 94-02 Executive Order No. 94-03 Executive Order No. 94-05 Executive Order No. 94-06 Executive Order No. 95-01 Executive Order No. 95-02 Executive Order No. 95-03 Executive Order No. 95-04 Executive Order No. 95-05 Executive Order No. 97-01 Executive Order No. 98-01 Executive Order No. 99-01 Executive Order No. 99-01 Executive Order No. 99-02 Executive Order No. 99-03 Executive Order No. 99-04 Executive Order No. 99-05 Executive Order No. 99-05 Executive Order No. 99-06
Executive Order No. 92-02 Executive Order No. 94-01	Executive Order No. 99-07

The following Executive Orders are not continued if effect beyond the date of this Order:

Executive Order No. 88-03
Executive Order No. 88-04
Executive Order No. 91-10
Executive Order No. 91-11
Executive Order No. 92-01
Executive Order No. 92-03
Executive Order No. 92-04
Executive Order No. 92-05
Executive Order No. 92-06
Executive Order No. 92-06
Executive Order No. 96-01

Ordered, Effective and Issued:

Bill Purceil Mayor

Date: November 19, 1999

http://www.nashville.gov/mc/executive/bp_005.htm

6/3/2003

Executive Order Number 94-01

EXECUTIVE ORDER NO. 94-0/

Subject: Establishment of Child Death Review Team of the Metropolitan Government

I, Philip Bredesen, Mayor of The Metropolitan Government of Nashville and Davidson County, by virtue of the power and authority vested in me, do hereby direct and order that:

- A Child Death Review Team is hereby established for The Metropolitan Government of Nashville and Davidson County.
- 2. The Team shall have 10 members, consisting of the following:

Director of the Metropolitan Department of Health Director of the Metropolitan Department of Social Services Chief of the Department of Metropolitan Police County Medical Examiner of Davidson County Medical Director of "Our Kids, Inc."

The following elected officials are requested to serve as members of the Team or to designate representatives from their offices to do so:

District Attorney General of the 20th Judicial District of Tennessee Judge of the Juvenile Court for Davidson County

In addition, the Commissioner of the Tennessee Department of Human Services is requested to designate a representative to serve on the team.

In addition to the foregoing, there shall be two other members, at least one of whom shall be a board certified pediatrician or a board certified child psychiatrist.

- 3. The purpose of the Team is to review the death of any child below 18 years of age legally residing in Davidson County at the time of death, irrespective of the location where the death occurred. In connection with its investigation, the Team shall assist in identifying information which could be pertinent in determining the manner of death in any unexpected child fatalities; identify preventable deaths and strategies for the prevention of future childhood fatalities, including any which might be related to limited access to health care; and collect statistical and other data and report annually to the Mayor relating how children are dying in Nashville and recommending appropriate strategies for prevention.
- The Director of the Metropolitan Department of Health shall serve as the Chair of the Team.

Executive Order Number 94-01, continued

- The Team shall meet monthly. Special meetings may be called at the discretion of the Chair; the District Attorney; or the Medical Examiner.
- Members of the Team shall serve without compensation; however, travel
 and related expenses may be reimbursed pursuant to the Metropolitan
 Government's travel regulations, with the approval of the Director of
 Finance.
- The Team shall observe confidentiality to the maximum extent permitted by law.
- The Director of Law or a designee from the Department of Law shall serve as legal advisor to the Team.
- Subject to the approval of the appropriate department head, the Team
 may utilize the services of any staff or resources of the Metropolitan
 Government. The Chair may include non-voting advisory members on an
 ad hoc basis to assist with specific cases or issues under review.

This order shall become effective on January 1, 1994.

ORDERED THIS The DAY OF MARCH, 1994.

Philip Bredesen Mayor

Child Fatality Review and Prevention Act of 1995

CHAPTER 142 CHILD FATALITY REVIEW AND PREVENTION

Section

68-142-101. Short title.

68-142-102. Child fatality prevention team.

68-142-103. Composition.

68-142-104. Voting members-Vacancies

68-142-105. Duties of state team.

68-142-106. Local teams-Composition-Vacancy-Chair-Meetings

68-104-107. Duties of local teams.

68-104-108. Powers of local team-Limitations-Confidentiality of state and local team records.

68-104-109. Staff and consultants.

68-104-101. Short title.

The chapter shall be known as and may be cited as the "Child Fatality Review and Prevention Act of 1995."

[Acts 1995, ch.511,§ 1.]

68-104-102. Child fatality prevention team.

There is hereby created the Tennessee child fatality prevention team, otherwise known as the state team. For administrative purposes only, the state team shall be attached to the department of health.

[Acts 1995, ch. 511, § 1.]

68-141-103. Composition.

The state team shall be composed as provided herein. Any ex officio member, other than the commissioner of health, may designate an agency representative to serve in such person's place. Members of the state team shall be as follows:

- (1) The commissioner of health, who shall chair the state team;
- (2) The attorney general and reporter;
- (3) The commissioner of children's services;
- (4) The director of the Tennessee bureau of investigation;
- (5) A physician nominated by the state chapter of the American Medical Association;
- (6) A physician to be appointed by the commissioner of health who is credentialed in forensic pathology, preferably with experience in pediatric forensic pathology;
- (7) The commissioner of mental health and mental retardation;
- (8) A member of the judiciary selected from a list submitted by the chief justice of the Tennessee Supreme Court;
- (9) The executive director of the commission of children and youth;
- (10)The president of the state professional society on the abuse of children;

Child Fatality Review and Prevention Act of 1995, continued

(11)A team coordinator, to be appointed by the commissioner of health;

(12) The chair of the select committee on children and youth;

(11)A team coordinator, to be appointed by the commissioner of health;

(12) The chair of the select committee on children and youth;

(13) Two (2) members of the house of representatives to be appointed by the speaker of the house, at least one (1) of whom shall be a member of the house health and human resources committee; and

(14)Two (2) senators to be appointed by the speaker of the senate at least one (1) of whom shall be a member of the senate general welfare, health and human resources committee.

[Acts 1995, ch. 511, § 152.]

68-142-104. Voting members-Vacancies

All members of the state team shall be voting members. All vacancies shall be filled by the appointing or designating authority in accordance with the requirements of § 68-142-103.

[Acts 1995, ch. 511, § 1.]

68-142-105. Duties of state team.

The state team shall:

(1) Review reports from the local child fatality review teams;

(2) Report to the governor and the general assembly concerning the state team's activities and its recommendations for changes to any law, rule, and policy that would promote the safety and wellbeing of children;

(3) Undertake annual statistical studies of the incidence and causes of child fatalities in this state. The studies shall include an analysis of community and public and private agency involvement with the decedents and their families prior to and subsequent to the deaths;

(4) Provide training and written materials to the local teams established by this chapter to assist them in carrying out their duties. Such written materials may include model protocols for the operation of local teams;

(5) Develop a protocol for the collection of data regarding child deaths:

(6) Upon request of a local team, provide technical assistance to such team, including the authorization of another medical or legal opinion on a particular death; and

(7) Periodically assess the operations of child fatality prevention efforts and make recommendations for changes as needed.

[Acts 1995, ch. 511, § 2.]

Child Fatality Review and Prevention Act of 1995, continued

68-142-106. Local teams-Composition-Vacancy-Chair-Meetings.

- (a) There shall be a minimum of one (1) local team in each judicial district;
- (b) Each local team shall include the following statutory members or their designees;
- A supervisor of social services in the department of children's services within the area served by the team;
- (2) The regional health officer in the department of health in the area served by the team or such officer's designee, who shall serve as interim chair pending the election by the local team;
- (3) A medical examiner who provides services in the area served by the team;
- (4) A prosecuting attorney appointed by the district attorney general;
- (5) The interim chair of the local team shall appoint the following members to the local team:
- (A) A local law enforcement officer;
- (B) A mental health professional;
- (C) A pediatrician or family practice physician;
- (D) An emergency medical service provider or firefighter; and
- (E) A representative from a juvenile court.
- (c) Each local child fatality team may include representatives of public and nonpublic agencies in the community that provide services to children and their families:
- (d) The local team may include non-statutory members to assist them in carrying out their duties. Vacancies on a local team shall be filled by the original appointing authority;
- (e) A local team shall elect a member to serve as chair;
- (f) The chair of each local team shall schedule the time and place of the first meeting, and shall prepare the agenda. Thereafter, the team shall meet no less often than once per quarter and often enough to allow adequate review of the cases meeting the criteria for review.

[Acts 1995, ch. 511, § 3; 1996, ch. 1079, § 152.]

68-142-107. Duties of local teams.

- (a) The local child fatality review teams shall:
- (1) Be established to cover each judicial district in the state;
- (2) Review, in accordance with the procedures established by the state team, all deaths of children seventeen (17) years of age or younger;
- (3) Collect data according to the protocol developed by the state team;
- (4) Submit data on child deaths quarterly to the state team;
- (5) Submit annually to the state team recommendations, if any, and advocate for system improvements and resources where gaps and deficiencies may exist; and
- (6) Participate in training provided by the state team.
- (b) Nothing in this chapter shall preclude a local team from providing consultation to any team member conducting an investigation.
- (c) Local child fatality review teams may request a second medical or legal opinion to be authorized by the state team in the event that a majority of the local team's statutory membership is in agreement that a second opinion is needed.

[Acts 1995, ch. 511, § 4.]

Child Fatality Review and Prevention Act of 1995, continued

68-142-108. Posers of local team-Limitations-Confidentiality of state and local team records.

(a) The local team shall have access to and subpoena power to obtain all medical records and records maintained by any state, county or local agency, Including, but not limited to, police investigations data, medical examiner investigative data and social

services records, as necessary to complete the review of a specific fatality.

(b) The local team shall not, as part of the review authorized under this chapter, contact, question or interview the parent of the deceased child or any other family member of the child whose death is being reviewed.

(c) The local team may request that persons with direct knowledge of circumstances surrounding a particular fatality provide the local team with information necessary to complete the review of the particular fatality, such

persons may include the person or persons who first responded to a report concerning the child.

(d) Meetings of the state team and each local team shall not be subject to the provisions of title 8, chapter 44, part 1. Any minutes or other information generated during official meetings of state or local teams shall be sealed from public inspection. However, the state and local teams may periodically make available, in a general manner not revealing confidential information about children and families, the aggregate findings of their reviews and their recommendations for preventive actions.

(e) (1) All otherwise confidential information and records acquired by the state team or any local child fatality review team in the exercise of the duties are

confidential, are not subject to discovery or introduction into evidence in any proceedings, and may only be disclosed as necessary to carry out the purposes of the state team or local teams.

(2) In addition, all otherwise confidential information and records created by a local team in the exercise of its duties are confidential, are not subject to discovery or introduction in evidence in any proceedings, and may only be disclosed as necessary to carry out the purposes of the state or local teams. Release to the public or the news media of information discussed at official meetings is strictly prohibited. No member of the state team, a local team not any person who attends an official meeting of the state team or a local team, may testify in any proceeding about what transpired at the meeting, about information presented at the meeting, or about opinions formed by the person as a result of the meeting.
(3) This subsection shall not, however, prohibit a person from testifying in a civil or criminal action about

matters within that person's independent knowledge.

(f) Each statutory member of a local child fatality review team and each non-statutory member of a local team and each person otherwise attending a meeting of a local child fatality review team shall sign a statement indicating an understanding of and adherence to confidentiality requirements, including the possible civil or criminal consequences of any breach of confidentiality.

[Acts 1995, ch. 511, § 5.]

68-142-109. Staff and consultants.

To the extent of funds available, the state team may hire staff or consultants to assist the state team and local teams in completing their duties.

Stephanie B. C. Bailey, M.D., M.S.H.S.A Director, Metropolitan Nashville Health Department 311 Twenty Third Avenue North Nashville, TN 37203

Bonnie Beneke, LCSW Old Harding Psychological Consultants 5819 Old Harding Road, Suite 204 Nashville, TN 37205

Dorothy Berry Acting Director Metro Social Services 25 Middleton Street Nashville, TN 37210

Andrea Bracikowski, M.D. Vanderbilt University Medical Center Director of Pediatric Emergency Medicine 703 Oxford House 1313 Twenty First Avenue South Nashville, TN 37232-4700

Susan B. Campbell, M.D. Middle Tennessee Neonatology Associates Centennial Medical Center 2300 Patterson Street Nashville, TN 37203

Ron Carter, Detective Metropolitan Nashville Police Department Division of Internal Affairs 200 James Robertson Parkway Nashville, TN 37201

Mark Chesnut, Sergeant Metropolitan Nashville Police Department Youth Services Division 200 James Robertson Parkway Nashville, TN 37201

Wilo Clark Caring for Children 700-2nd Ave. South, Suite 200 Nashville, TN 37210

Margie Davis Metropolitan Nashville Juvenile Court 100 Woodland Street Nashville, TN 37213

Jessica Doyle Juvenile Court of Nashville Davidson County 100 Woodland Street Nashville, TN 37213

Christopher Greeley, M. D. Vanderbilt Medical Center 5028 Medical Center East Nashville, TN 37232-8555

Veronica Gunn, M.D, Asst. Professor Division of General Pediatrics Vanderbilt Medical Center 5028 Medical Center East Nashville, TN 37232-8555

Brian K. Holmgren Assistant District Attorney General Office of the District Attorney General 222 2nd Avenue North Nashville, TN 37201-1649

Bruce Levy, M.D., Medical Examiner Tennessee Department of Health Office of State Medical Examiner Center Forensic Medicine 850 R.S. Gass Blvd. Nashville, TN 37216-2640

Brook McKelvey, M.A., M.P.H. Maternal and Child Health Epidemiologist Metro Public Health Department 311 23rd Avenue North Nashville, TN 37203

Michael Meadors, M. D. 301 Baptist Plaza I 2011 Church Street Nashville, TN 37203

Katy Miller Assistant District Attorney District Attorney's Office Davidson County 222 Second Avenue North, Suite 500 Nashville, TN 37201

Olayinka Onadeko, M.S., M.D. Chief of Pediatrics Metropolitan Nashville General Hospital 1818 Albion Street Nashville, TN 37208

Michelle Richter, Lieutenant Metropolitan Police Department Homicide/Murder Squad Division 200 James Roberston Parkway Nashville, TN 37201

Sue Ross, RNC, MSN, P.N.P "Our Kids" 1804 Hayes Street Nashville, TN 37203

Patricia Slade, MBA, MSN, RN Nursing Specialist Department of Children's Services 900 Second Avenue, North Nashville, TN 37243

Joaquin Toon, District Chief Nashville Fire Department Metro Ambulance Service 63 Hermitage Avenue Nashville, TN 37210

Harriett Wade Department of Children's Services 900 Second Avenue North Nashville, TN 37243

Jannie Williams, M.P.A Metro Public Health Department 311 23rd Avenue North Nashville, TN 37203

Julius Witherspoon, M.P.A. Metro Social Services 25 Middleton Street Nashville, TN 37210

Kimberlee Wyche-Etheridge, M.D., M.P.H. Metro Public Health Department 311 23rd Avenue, North Nashville, TN 37203